  **Tel: 0203 9077716**

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| Name: ……………………………………………………….. Client: …………………………………………………………Grade: ……………………………………………………….. Unit/Ward/Team: ……………………………………… 1:1 Name of Patient: ………………………………… Week Ending: ……………………………………………. |

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| --- | --- | --- | --- | --- | --- |
|  **Day** |  **Date** |  **Start Time** |  **Break** |  **Finish Time** |  **Hours Claimed**  |
|  **MON** |  **. .** |  |  |  |  |
|  **TUE** |  **. .** |  |  |  |  |
|  **WED** |  **. .**  |  |  |  |  |
|  **THU** |  **. .** |  |  |  |  |
|  **FRI** |  **. .**  |  |  |  |  |
|  **SAT** |  **. .** |  |  |  |  |
|  **SUN** |  **. .** |  |  |  |  |
|  **Total Hours :** |

**Please e-mail timesheets to:** **mytimesheets@dementiatraining-domiciliarycare.co.uk**

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| **Candidate Declaration:**I certify that I have worked the hours as stated aboveI am fit to practice and will inform DC&TT if this changes.I have read and agreed to the Terms of Engagement supplied to me by DC&TT. If I have not opted out of Working Time Regulations 48 hr/week I am responsible for monitoring my own hours of workI received orientation and induction by the Authority/Client for this bookingI have read and understand the fraud declaration on this timesheetName: ……………………………………………………Signature……………………………………………….Date: ……………………………………… | **Client Authorisation:**Name: ………………………………………………………Position: …………………………………………………..Signature…………………………………………………..Date: ………………………………………………I confirm the named candidate on this timesheet has worked the hours stated. I also confirm any expenses entered have been authorised. By signing this timesheet I confirm that onsite induction has been given to the named worker on this timesheet. |

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| Fraud DeclarationBy signing you are confirming: a) Our agreement to the terms of business, and b) That the claimed hours are correct. I confirm I am an authorised signatory for my ward/department/NHS body/Care Home/Individual. I am signing to confirm that the DC&TT Job title, band and delivery of care by the Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS in England/NHS Wales for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. |

**The deadline for timesheets is 12noonm on Tuesday**