



Timesheets can be emailed to [timesheets@kindsolutions.co.uk](mailto:timesheets@kindsolutions.co.uk) posted to us. They must reach us by Monday 12pm midday to be paid that week.

For office use only

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### SECTION 1: Please write in BLOCK CAPITALS

Worker's Name

Worker's Address

Client's Name

Client's Address

Healthcare

Dom Care

Domestic

Catering

Others

### SECTION 2: TIMESHEET (use the 24hr clock)

DAY / DATE	START TIME	BREAK	FINISH TIME	TOTAL HRS Excl. breaks	SLEEP INS Total Hrs	WARD / UNIT (if applicable)	MILEAGE / EXPENSES (if Agreed)	CLIENT SIGNATURE	CLIENT SHIFT APPRAISAL
Monday / /									1 2 3 4 5
Tuesday / /									1 2 3 4 5
Wednesday / /									1 2 3 4 5
Thursday / /									1 2 3 4 5
Friday / /									1 2 3 4 5
Saturday / /									1 2 3 4 5
Sunday / /									1 2 3 4 5

TOTAL HRS Excl. breaks

**AGREED EXPENSES :** (Please attach a receipt for all expenses). **NOTE TO CANDIDATE:** Please can you ensure that you ask the authorising signatory to complete the shift appraisal. Please circle as applicable: 1 = Unsatisfactory 2 = Poor 3 = Satisfactory 4 = Good 5 = Excellent

### SECTION 3: WORKER AUTHORISATION

#### Nurse/HCA/Support Worker/Domestic/Catering/Others

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. 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 this disclosure of information from this form to and by any Kind Solutions authorised body for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I can confirm that induction and orientation training and fire safety has been provided by the client

Print Name: \_\_\_\_\_ Worker's Signature: \_\_\_\_\_

Candidate's Position (Nurse / HCA / Support Worker / Cleaner / Catering Assistant / Others) \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 4: CLIENT AUTHORISATION (senior member of staff)

I am an authorised signatory of the above named client. I am signing to confirm that the Job Profile Title and Band of 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 the information from this form to and by any Kind Solutions authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Kind Solutions current terms of business. [www.kindsolutions.co.uk/terms](http://www.kindsolutions.co.uk/terms). A standard introductory fee will be charged if the worker is taken on full time or engaged through a different agency. **Note to client:** Please can you ensure that you appraise the performance of the candidate using the client shift appraisal above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_