



Please email: timesheets@blackrockmedical.co.uk by 10am Monday
PLEASE USE 24HR CLOCK

Full Name:	Week Ending:
Job Title:	Band:
Hospital Name:	Ward/Department:

	Date	Start Time	Finish Time	Break	Total Hours	Booking Reference	Signed
Monday		:	:		:		
Tuesday		:	:		:		
Wednesday		:	:		:		
Thursday		:	:		:		
Friday		:	:		:		
Saturday		:	:		:		
Sunday		:	:		:		

Total Hours Worked:

--

I have received an onsite induction Yes No Please tick employment status: PAYE/Umbrella Ltd Co

Performance Feedback/Reference: (For client use)			
Please assign one of the following: 1: Excellent 2: Good 3: Satisfactory 4: Unsatisfactory			
Relationship with patients, healthcare workers and public		Patient and other records management	
Clinical skills in line with the requirements of the position		Reliability	
Timekeeping and management of workload		Sickness/absence record	
Communication Skills		Would you be happy to have the worker back?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I confirm that I am an authorised signatory, and I am authorising the above details in accordance with BlackRock Medicals policies and procedures, as detailed on: www.blackrockmedical.co.uk/cm/timesheets

Client Details
Name:
Position:
Signature:
Date:

I confirm that the information I have given is correct and in accordance with BlackRock Medical's policies and procedures, as detailed on: www.blackrockmedical.co.uk/cm/timesheets

Candidate Details
Name:
Position:
Signature:
Date: