Cope Healthcare

Healthcare Professional Timesheet

Please ensure your timesheet is submitted via our website by Monday 12pm **Email:** info@copehealthcare.co.uk **Telephone queries (9am-5pm):** 0333 050 9074 **Post:** 85 Almond Road, Peterborough, PE1 4LY	To avoid delay in payment, please ensure all fields are completed correctly. Your timesheet must be submitted to us within 21 days of your shift date, in either PDF or JPG format.

Part 1: Use BLOCK letters and ensure you have completed all fields.

First name		Surname	
Job title		Client name	

Part 2: Use BLOCK letters and 24-hour time to complete. Ensure that breaks are deducted from the total hours.

Client feedback: The authorising signatory must complete.

CLIENT USE ONLY

Day	Date	Start time	Break	Finish time	Total hours (excluding breaks)	Grade	Ward/unit	Sleep In	Booking reference#	Client initials
Mon								Yes/No		
Tue								Yes/No		
Wed								Yes/No		
Thu								Yes/No		
Fri								Yes/No		
Sat								Yes/No		
Sun								Yes/No		
Total payable hours (excluding breaks)										

Part 3: Please ensure you complete the timesheet in full and submit it by 12pm Tuesday. Payment can be delayed if you do not meet this deadline, or if submitted timesheets are incomplete/unclear.

Candidate declaration:
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 the disclosure of information from this form to and by COPE Healthcare Ltd., the Authority, other Public Sector body and Private entities who have a similar requirement and theCounter Fraud Services (or other similar organisation which operates in the same capacity for any other Public Sector organisation) for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of fraud. I can confirm that I have received an appropriate induction including fire safety.

Date:	Job title:	Print name:	Candidate signature:

Client Authoriser:
I am an authorised signatory for my ward/department/NHS/Public Sector body/Private Sector body. I am signing to confirm that the Job Profile Title and Band/Grade of Temporary Workers 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 COPE Healthcare Ltd., the NHS, other Public Sector body and Private entities with similar requirements and the Counter Fraud Service (or other similar organisation which operates in the same capacity for any other Public Sector organisation) in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I can confirm that the worker has received an appropriate induction required to work here including fire safety.

Date:	Job title:	Print name:	Client authoriser signature:	Cost centre stamp (if applicable):

Timesheet instructions

To avoid delays in payment, please ensure that:

1. All required fields within the timesheet are completed
2. The timesheet is signed and dated by both yourself and the client
3. The timesheet is submitted no later than 12pm Tuesday
4. The timesheet is clear and legible
5. All breaks are stated on the timesheet
6. The correct day and date are entered. Do not use another day if you work past midnight