

CANDIDATE DETAILS

CLIENT DETAILS

Position:

Email: info@locummeds.co.uk Website: www.locummeds.co.uk Telephone: 01923 594 002

First Name: _____

Name:

Section 2 - To be accurately completed by the candidate.

Your one stop shop for all your Primary Care Recruitment needs!

Managers | Phlebotomists | RGNs | HCAs | Clinical coders | Medical Receptionists

GPs | ANPs | ACPs | Paramedic Practitioners | ECPs | Clinical Pharmacists | Practice Nurses



Surname: _____

Site (if applicable):

Address: Locum Meds, Oak House, Reeds Crescent, Watford, WD24 4QP, Medical Locum Recruitment Limited
- t/a Locum Meds Registered Number 10634499

Section 1 - Please fill out all details clearly, then email a clear photo to timesheet@locummeds.co.uk.

Please note if you work at multiple sites we require you to send separate timesheets for each site. We offer weekly payments, our timesheet deadline is Wednesdays, 12:00 and payday is Fridays.

	Date	Start Time	Finish Time	Break Start	Break Finish	Total Hours Worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOURS:						
that if I knowingly prov	ride false information th	is may result in disciplin	ary action and I may be	liable to prosecution a	nd civil recovery procee	illed on this timesheet. I understand dings. I consent to this disclosure o vention, detection, and prosecution
Section 3 - To be completed by the Client - Senior Member of Staff Authorised only.						
accurate and I approve pa proceedings. I consent to	nyment. I understand that the disclosure of the detection and prosecut	at if I knowingly provide information from this ion of fraud. I understar	false information this ma form and by any Locu nd and agree to Locum	ay result in disciplinary m Meds authorised bo Meds Terms of Business	action and I may be liab dy for the purpose of s- http://locummeds.co.	ours/shift that I am authorising are le to prosecution and civil recovery verification of this claim and the uk/2019-locum-meds-introduction- s.
Authorising Signatory Name:			Signed:			

Date: