

**SUITE2A, BLACKTHORN HOUSE,
ST PAUL'S SQUARE, BIRMINGHAM, B3 1RL**

✉ INFO@AMBI-HEALTHCARE.CO.UK

☎ 0333 090 5988

🌐 WWW.AMBI-HEALTHCARE.CO.UK



PLEASE TAKE A CLEAR PHOTOGRAPH AND SEND THEM TO THE DESIGNATED TIMESHEETS PHONE NUMBER. ALTERNATIVELY, UPLOAD THEM VIA OUR WEBSITE OR EMAIL THEM TO:

TIMESHEET@AMBIHEALTHCARE.CO.UK

IF YOU HAVE ANY URGENT QUERIES PLEASE CONTACT US.

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

First name	<input type="text"/>	Surname	<input type="text"/>
Job title	<input type="text"/>	Client name	<input type="text"/>

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 be completed.

CLIENT USE ONLY

Day	Date	Start time	Break	Finish time	Total hours (excluding breaks)	Grade	Ward/unit	Sleep In	Booking reference#	Client initials
Monday								Yes/No		
Tuesday								Yes/No		
Wednesday								Yes/No		
Thursday								Yes/No		
Friday								Yes/No		
Saturday								Yes/No		
Sunday								Yes/No		

**PLEASE ENSURE TIMESHEETS ARE SENT IN BY
MONDAY 12PM TO PREVENT DELAY IN PAY**

Part 3: Declaration

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 Ambi Healthcare Ltd., the Authority, other Public Sector body and Private entities who have a similar requirement and the Counter 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:
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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 Ambi 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):
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