

TIMESHEET

☐ induction completed

Please fill in the below in **BLOCK CAPITALS** and use **black ink**. **WE CANNOT ACCEPT PHOTOS.**

Candidate Full Name:	
Job Title:	Band:
Hospital Name:	Department:

DAY	DATE	START TIME	FINISH TIME	LENGTH OF BREAK	HOURS WORKED	OVERTIME	REF No./P.O.No.
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
PLEASE USE HOUR CLOCK					TOTAL HRS	TOTAL O/T	GRAND TOTAL HRS

CANDIDATE

I declare that the information on this timesheet is accurate and correct.

Agency Worker:	Position:
Agency Worker Signature:	Date:

To be completed by client:

Criteria	Poor	Average	Good	Excellent
Skills demonstrated in line with the position	☐	☐	☐	☐
Time keeping and management of workload	☐	☐	☐	☐
Reliability	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐
Punctuality	☐	☐	☐	☐
Organisation Skills	☐	☐	☐	☐

CLIENT

I confirm the hours above have been worked by the Locum worker.

Client Name:	Position:
Client Signature:	Date:

All timesheets must be emailed to timesheets@southeastlondoncare.co.uk

Submission deadline is Monday 12pm including bank holiday

Note: Uncleared and blur timesheets will be rejected

"We love to care."

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