



Candidate First Name:	Candidate Last Name:
Client Name:	Client Contact Details (Phone & Email):
Client Address:	

TO BE FILLED OUT BY CANDIDATE / WORKER

Please note that we can only accept one timesheet per week for each organisation that you work at. Please have your timesheet completed on your last working day of the week (MON - SUN).

DAY	POSITION / POST	DATE (DD/MM/YYYY)	START TIME (i.e. 09.00)	BREAK (i.e. 1-Hour)	END TIME (i.e. 18:45)	TOTAL HOURS WORKED (Excluding Breaks)
Monday						
Tuesday						
Wednesday						
Thursday				-		
Friday						
Saturday						
Sunday						
					Total Hours:	

Approved Client Signatory

As an authorised signatory for this customer, I am affirming that the information provided, including hours and days worked, is accurate, and that I have approved the payment. I am fully aware that providing false information could lead to disciplinary action and potential legal consequences, including prosecution and civil recovery proceedings.

I consent to the sharing of my information from this form with the customer and any authorised entity for the purpose of verifying this claim and investigating, preventing, detecting, and prosecuting fraud. I understand that DrPA Recruitment Terms of Business apply, and we will not engage this locum directly or through any other organisation without prior written permission from DrPA Secure. Should this occur, the standard introduction fee will be applied.

Authorising Signatory Full Name	Signature	Date
_____	_____	_____

Candidate/Worker Declaration

I affirm that the information provided on this form is accurate and comprehensive, and that I have not claimed hours or shifts not detailed on this timesheet elsewhere. I acknowledge that providing false information could lead to disciplinary action and expose me to legal consequences, including prosecution and civil recovery proceedings. I agree to allow the Authority, other Public Sector bodies, and private entities with similar needs to access the information on this form.

Additionally, I consent to the disclosure of this information to the Counter Fraud Services (or any other similar organisation that performs similar functions for other Public Sector bodies) for the purposes of verifying this claim and investigating, preventing, detecting, and prosecuting fraud.

Authorising Signatory Full Name	Signature	Date
_____	_____	_____