**Please return to** **Balforhealthcare@balfor.co.uk** **By 5pm On a Monday**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Hospital:**  |  **Ward:** |
| **Job Title:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Time Shift Started**  | **Break**  | **Shifts Ended** | **Total**  |
| **Monday** |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
| **Weds** |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |
| **Friday** |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |
| **Sunday**  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Total Hours** |  |

|  |  |
| --- | --- |
| **Temporary Worker*****I hereby declare the above hours were worked by me on the said days*** | **Client - *I hereby certify that the hours shown have been worked by the temporary worker. I also certify that I abide by your terms and conditions of business as stated on the reverse of the client copy on page 3, which I accept as the basis of this transaction and confirm that payment will be made in accordance with these.*** |
| **Name** |  | **Name** |  |
| **Signature** |  | **Signature** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Feedback** | **Poor** | **Satisfactory** | **Good** | **Excellent** |
| **Punctuality**  |  |  |  |  |
| **Uniform** |  |  |  |  |
| **Ward induction**  |  |  |  |  |
| **Performance** |  |  |  |  |