VENTUS CARE SERVICES TIMESHEET.

Please ensure your timesheet is submitted via email by Monday or posted to arrive by Tuesday by 1pm.
Email:timesheets@ventuscareservices.co.uk
Post: Flat 2, 65 Wellington Road, Bilston,

Full Name:

Your Signature:

Client Details:

Part 2: Use BLOCK letters and 24 hour time to complete. Ensure that breaks are deducted from the total hours

Day.	Date.	Start time.	Break.	Finish time.	Total hours (excluding breaks).	Client signature.
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Payable hours (excluding breaks)						

Part 3: Please ensure you complete the timesheet in full and submit it by 12pm on Tuesday. Payment can be delayed if you do not meet this deadline or if submitted timesheets are incomplete or unclear.

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 a 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 Ventus care services limited, the Authority, other Public Sector body and private entities who have similar a similar requirement and the Counter Fraud Services (or other similar organization which operates in the capacity for any other Public Sector organization) 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:	Signature:

Client Authorizer:
I am the authorized signatory for my organization. I am signing to confirm that the Job Profile Title and band/Grade of Temporary Workers and the hours/shift that I am authorizing are accurate and approve for 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 Ventus care services limited, the NHS, other public sector body and private entities with similar requirements and the Counter Fraud Service (or other similar organizations which operates in the same capacity for any other Public Sector organization) in England for the purpose of verification of this claim and the investigation, prevention, detection, and prosecution of the 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 signature:

We rise by lifting others.