



## Your World: Audiology Timesheet

PLEASE USE BLOCK CAPITALS WITH BLACK INK ONLY

<b>Candidate First Name:</b>																				
<b>Candidate Last Name:</b>																				
<b>Recruiter Name:</b>																				
<b>Job Title:</b>																				
<b>Band / Grade:</b>																				
<b>Name of Trust / Hospital:</b>																				
<b>Ward / Department:</b>																				
<b>Reporting to:</b>																				

<b>Email: <a href="mailto:audiology@ywtimesheets.com">audiology@ywtimesheets.com</a></b> (max 5MB) <i>Upon receipt, you will receive email confirmation. You will not receive confirmation if you fax your timesheet in.</i>	<b>Fax: 0207 220 0169</b> <b>Tel: 0207 220 0824</b> <b>Web: <a href="http://ywhealthcare.com">ywhealthcare.com</a></b>
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Timesheets must be received by midday on Monday by Email or Fax (Scans only NOT photographs)

	Date DD/MM/YY	Start Time	Break Time	Break Finish	Finish Time	Hours Worked	Booking Reference Number	Authorised Signature
MON	/ /	:	:	:	:			
TUE	/ /	:	:	:	:			
WED	/ /	:	:	:	:			
THU	/ /	:	:	:	:			
FRI	/ /	:	:	:	:			
SAT	/ /	:	:	:	:			
SUN	/ /	:	:	:	:			
<b>PLEASE USE 24-HOUR CLOCK</b>			<b>Total Hours Worked:</b>					

### Clinical / Character Assessment:

Please assign one of the following: G: Good S: Satisfactory U: Unsatisfactory

*To share your feedback with us, please email: [feedback@ywrec.com](mailto:feedback@ywrec.com)*

Questions	G/S/U	Questions	G/S/U
Is able to provide a full range of care to patients and their family		Punctuality and reliability	
Ability to organise work within guidelines and professional boundaries		Appearance	
Demonstrates clinical competence		Relationship with patients	
Uses initiative and experience to make the right decisions		Relationship with colleagues	
Maintains legible and accurate willingness to follow hospital procedure records		Would you be prepared to have this healthcare worker back in the Ward/Dept.? (Yes / No)	

Client Details	
Signature:	
Print Name:	
Position:	
Date:	

Candidate Details	
Signature:	
Print Name:	
Date:	

I confirm that the information I have given is correct and in accordance with Your World Recruitment Group's policies and procedures, as detailed on:  
<https://www.yourworldhealthcare.com/uk/about-us/timesheets>

I confirm that I am an authorised signatory and I am authorising the above details in accordance with the policies and procedures, as detailed on:  
<https://www.yourworldhealthcare.com/uk/about-us/timesheets>