



SHIFT DETAILS

MEMBERS DETAILS

CLIENT \_\_\_\_\_ NAME \_\_\_\_\_  
 UNIT WARD \_\_\_\_\_ ID NO. \_\_\_\_\_

**TIMESHEETS SHOULD BE IN NO LATER THAN 11 am ON FRIDAYS**

EMAIL: timesheets@balmoral.healthcare FAX: 0800 242 5701

REMEMBER TO CALL WITH YOUR AVAILABILITY

ONLY ONE SHIFT PER TIMESHEET PERMITTED

Booking Ref	Day	Date	From am/pm	To am/pm	Hours	Break Taken	Total Hours worked

Grade of staff (Hospital)	Grade of staff (Private)
Band 2	Care assistant
Band 3	Senior CA
Band 5	Senior CA In Charge
Band 6	RN
Paramedic	RN charge of unit
	RN charge of Building
	Residential

Authorisation Signature \_\_\_\_\_ Position \_\_\_\_\_

Authorisation Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Member Name Printed \_\_\_\_\_ Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Total hours worked should be net hours inclusive of overtime (after all breaks have been deducted)  
 We certify that the total hours shown in boxes above are true and correct and we agree to be invoiced accordingly by Balmoral Healthcare Agency.  
 If she/he should at any time be taken on to our staff, we acknowledge that an introduction fee will be payable, based on the scale of fees in force at that time.  
 We acknowledge that we have read and agreed to the terms and conditions of business of Balmoral Healthcare Agency.  
**Balmoral Healthcare Agency Ltd, 146 Malone Road, Belfast, BT9 5LH. TEL: 028 90 380808 WEB: www.balmoral.healthcare**  
**PHOTOCOPY OF SIGNED AND DATED TIMESHEET TO BE PROVIDED TO CLIENT BY MEMBER FOR CLIENT'S RETENTION**  
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