



SHIFT DETAILS	MEMBERS DETAILS
CLIENT _____	NAME _____
UNIT WARD _____	ID NO. _____

TIMESHEETS SHOULD BE IN NO LATER THAN 11am ON FRIDAYS

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

REMEMBER TO CALL WITH YOUR AVAILABILITY

ONLY ONE SHIFT PER TIMESHEET PERMITTED

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

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

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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