



Staff Declaration:

I affirm that the information I have provided on this form is complete and accurate and that I haven't made any claims for the days and hours listed here on any other form. I am aware that giving out false information on purpose could lead to disciplinary action, legal action, and civil recovery proceedings. I authorize the client and the NHS counter fraud and security management service to disclose information from this form to each other in order to verify this claim for the purposes of fraud investigation, prevention, detection, and prosecution.

Full Name		Signature		Date	
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Shift rates may vary from client to client. Kindly verify with the Deed care administrator as to which rate applies before taking on an assignment.

Client Name							Approved Signatory: In my capacity as Deed Care's authorized signatory, I hereby attest to the accuracy of the chargeable hours account and to the approved work completed. We accept your account for the chargeable hours indicated when invoiced, and we agree to your standard terms and conditions and standard charges. I am aware that I could face disciplinary action, legal repercussions, and civil recovery proceedings if I knowingly approve false information. I agree that the customer and the NHS counter fraud and security management service may disclose information from this form to them for verification purposes			
Client Address										
Day	Date	Start Time	Finish Time	No. of Hours	Break Time	Hours Worked	Authoriser's Signature	Authoriser's Name	Authoriser's Role	Date
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										
						Total Chargeable Hours				