PCP Dental Recruitment

+44 (0)20 3722 9839
accounts@pcpdentalrecruitment.co.uk
2 Battalion House, 22 Heritage Avenue, Colindale, NW9 5EW

Name: _____

Position: _____ Name of Practice: _____

TIMESHEET

Timesheets must be received by 12pm on Monday by post or

	Date DD/MM/YY	Start Time	Finish Time	Break Start	Break Finish	Total Hours Worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					TOTAL HOURS WORKED:	

TO BE COMPLETED BY AGENCY WORKER:

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 and/or shifts detailed on this timesheet. I understand that if I have knowingly provided 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 for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature: _____ Date: _____

TO BE COMPLETED BY AUTHORISED SIGNATORY:

In agreement with PCP Dental Recruitment Terms and Conditions, I confirm that I am an authorised signatory for my practice. I am signing to confirm that the job title of the Agency Worker and the hours and/or shifts that I am authorising are accurate and I approve 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 procedures. I consent to the disclosure of information from this form for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature: _____

Full Name: _____

Position: _____

Date: _____

CANDIDATE ASSESSMENT - PLEASE COMPLETE

	Excellent	Good	Satisfactory	Poor
Clinical Knowledge				
Attitude				
Timekeeping				
Relationships with Colleagues				
Relationships with Patients				
Communication Skills				

Did you have any concerns regarding the candidate?

☐ Yes ☐ No If yes, please contact: Info@pcpdentalrecruitment.com

Are you happy for the candidate to continue working within your practice?

Yes No If no, please contact:
info@pcpdentalecruitment.com