

ASPIRE LOCUMS CLAIM FORM



Candidate Name:	Client Name:
Weekending Date:	Month:

Day/Date	Session	Start	End	Total	Visits	Travel	Candidate Signature	Client Signature
Monday	AM							
	PM							
	On Call							
Tuesday	AM							
	PM							
	On Call							
Wednesday	AM							
	PM							
	On Call							
Thursday	AM							
	PM							
	On Call							
Friday	AM							
	PM							
	On Call							
Saturday	AM							
	PM							
	On Call							
Sunday	AM							
	PM							
	On Call							

Candidate Declaration: "I declare that the information I have given on this claim form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. 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 proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

Client Declaration: "I am an Authorised signatory for my ward/department/NHS body. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I authorise aspire locums to act as an agent of the client to pay the candidate on our behalf. 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 proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

Please remember to exclude any meal breaks or rest periods