



# MeddocLocums

**MEDDOC LOCUMS STAFF USE ONLY**

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**Client:**

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**Site Name:**

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**Invoice No: DL**

310 Kenton Road Harrow  
Middlesex HA3 8DF  
Tel: 0845 468 2520  
Fax: 0845 468 2510  
Jobs@MeddocLocums.com  
www.MeddocLocums.com

**PLEASE EMAIL YOUR SIGNED TIMESHEET TO:**

**Timesheet@meddoclums.com**

CANDIDATE DETAILS			CLIENT DETAILS		
NAME (DR):			NAME:		
GMC NUMBER:			ADDRESS/SITE:		
ID NUMBER:					
DATE OF SHIFT	START TIME	END TIME	TYPE OF SHIFT	HOME VISITS	TOTAL HOURS
			WEEKLY TOTAL:		

## CLIENT DECLARATION:

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Locum and the hours/shift that I am authorising are accurate.

NAME: \_\_\_\_\_

## POSITION:

**SIGNATURE:**

## CANDIDATE (GP) DECLARATION:

I declare that the information I have given on this form is correct. Please raise an invoice on my behalf and pay me gross. I will be responsible for my TAX deduction.

NAME (DR):

DATE:

**SIGNATURE:**