



Hollilander Recruitment, Southern Cross Business Park, Bray, Co. Wicklow

FEEDBACK REFERENCE FORM (For Client Only)

1+353 872763474

Send us your Timesheet latest by MONDAY, 12PM* at accounts@hollilander.com

*The payment date will be the Friday following the submission of the timesheet. E.g.- Timesheet submitted Monday 1st and payment made Friday 5th **It is assumed that a break of 60 mins per 10-hour shift is taken. Please enter your actual break time in the 'Break Taken' column. If the break taken is shorter than 60 mins, the client's signature is required to authorise that break. ***Please note only one Timesheet is to be filled per employer, one timesheet for multiple employers will not be accepted.

									Poor - 1 Satisfactory - 2 Average - 3 Good - 4 Excellent - 5 Unable to comment-n/a								
Full Name:									ТҮРЕ	1	2	3	4	5	n/a	Comments	
Place of Wo	rk:								Punctuality								
Position:									Reliability								
Address:									Initiative								
Contact Info	:								Contribution to Team								
	Date (DD/	Start Time	Finish Time	Break	Actual Hours	Signed by Person	Name of the		Clinical Knowledge								
	MM/YY)	(e.g. 09:00)	(e.g. 21:00)	Taken*	Worked	in Charge	PIC		Clinical Skills								
Monday									Organisational Skills								
Tuesday									Management Skills								
Wednesday																	
Thursday									Willingness to learn								
Friday									Other Comments	Would you book this candidate again? Were there any conerns?							
Saturday																	
Sunday																	
Approved Signatory: I am an authorised signatory for my department/HSE Body. I am signing to confirm that the agency worker listed above and the hours/shifts that I am authorising are accurate and I approve payment. Signature: Name: Date									Candidate Working: I declare that the information provided on this form is correct and complete and that have not claimed elsewhere for the hours/days listed above. Please note that if false information is provided legal consequences may follow as well as disciplinary action. Signature: Name: Date:								