Thank you for taking the time to complete this form. It can be returned either by mail or fax to the address or number shown above. Please feel free to contact us should there be any other information that you would like to bring to our attention, or any other service which Mylocum can assist you with.

Supervisor's Phone: 
Supervisor's Email: 

Assessment: Poor | Satisfactory | Good
- Scientific Knowledge & Clinical Skills
- Professionalism & Conduct
- Communication
- Leadership & Initiative

Please feel free to make any additional comments i.e., any training needs you have identified?

Would you be happy to receive this candidate again for a locum position? If so, do you know any future dates, which this locum may be required?

To ensure payment on Friday, this timesheet must be received by 12:00 hrs. Monday of the following week.
- Timesheets without booking reference/ PO will not be processed
- For the timesheet to be paid, an authorized signature and name MUST be present in the last column AND BOTTOM OF THE PAGE for the corresponding shifts.

MyLocum holds no responsibility if the trust refuses to pay despite the approval.

TRUST AUTHORIZATION: I am an authorized signatory for my ward/ department/ NHS body. I am signing to confirm that both the grade of Locum and the hours/shifts that I am authorizing are accurate and I approve the 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 proceedings. I consent to the disclosure of information from this form to and by NHS. CFSMS for the purpose of the verification of this claim and investigation, prevention, detection and prosecution of fraud.

Authorized Approver’s Full Name: 
Signature: 
Date: 

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