Candidate Name	
Client Name	
Location	
Department/Ward	
Grade/Specialty	
Week Ending Date (Sunday)	

Quest Healthcare
Ground floor 470, St kilda road, Melbourne,
Victoria – 3004
Tel: +61 343205558
Email: Info@questhealthcare.com.au

	Date	Start Time	Start Break	End Break	End Time	Total Break Deduction	Total Hours Worked	Client Signature
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								
Sun								

Total Hours:

Staff Evaluation (For Client Use)					
Please rate as: Excellent (E); Good (G); Average (A): Poor (P); Very Poor (VP).					
Suitability for Assignment		**Personal Presentation**		**Flexibility & Adaptability**	
Communication Skills		**Timekeeping**		**Records Management**	
Ability to Work with Others		**Organisation Skills**		**Professional Competency**	

To be completed by Authorised Signatory

As an authorized signatory for my ward/department/healthcare facility/public sector organization/private sector entity, I confirm that the Job Title, Pay Grade/Level, and hours/shifts of Temporary Workers listed are accurate and approve payment. I understand that providing false or misleading information may lead to disciplinary action, legal prosecution, and/or civil recovery proceedings. I consent to sharing this timesheet information with relevant Australian public sector bodies, private entities, and fraud prevention authorities, such as AHPRA or Services Australia, to verify claims and support fraud investigation, prevention, detection, and prosecution. Any questionable timesheet must be reported immediately to the organization's fraud prevention contact or the appropriate state/territory health authority, or confidentially to the Australian Government's Fraud and Corruption Reporting Line or equivalent state-based services.

Authorised Signature .....

Authorised Name .....……

Position.....Date .....….

To be completed by the Agency Worker

I declare that the information provided on this timesheet is accurate and complete, and I have not claimed elsewhere for the hours/shifts listed. I understand that knowingly providing false information may lead to disciplinary action, legal prosecution, and/or civil recovery proceedings.

I consent to the disclosure of this timesheet information to relevant Australian public sector bodies, private entities, and fraud prevention authorities, such as AHPRA or Services Australia, for claim verification and the investigation, prevention, detection, and prosecution of fraud. I confirm I have completed the required induction for Quest Healthcare and hold a valid agency ID badge.

Worker's Signature .....…

Worker's Name.....…

Date .....