



<b>BLUE LIGHT MEDICAL AGENCY</b>
COMPANY REG. NO: 10254447
PHONE: (+44) 077 88 100 383

Locum Full Name	Grade

Practice/Dept Name	Practice/Dept Address

Total up the number of hours to the nearest quarter hour excluding lunch:

	Date	Start Time	Finish Time	Lunch(mins)	Total Hours
MON					
TUES					
WED					
THUR					
FRI					
SAT					
SUN					
TOTALS					

<b>I confirm that</b>
<ul style="list-style-type: none"> <li>The total hours worked (excluding lunch) are correct and that I am liable for an engagement fee should I employ the above locum for any period.</li> </ul>
<ul style="list-style-type: none"> <li>I have read and agree to the Blue Light Medical Agency Terms &amp; Conditions.</li> </ul>
<b>Authorised Signatory:</b>

Please scan and email a signed copy of timesheet to [admin@bluelightmedicalagency.com](mailto:admin@bluelightmedicalagency.com)  
 Blue Light Medical Agency Ltd, 142 Cromwell Road, Kensington, London, SW7 4EF