

# Gifts, Benefits and Hospitality Declaration

Councillors and Council Employees should carefully consider whether they accept any gift, benefit or hospitality. Councillors and Council employees are to declare any gift, benefit or hospitality (whether accepted or declined).

Fields marked in blue will be published on the organisation’s Gifts, Benefits and Hospitality Register.

|  |  |
|--|--|
| <b>Individual to complete</b>  |  |
| 1. Declaration Date  |  |
| 2. Name (recipient) who received gift  |  |
| 3. Position (e.g. Director, Councillor)  |  |
| 4. Unit / Department e.g. Risk<br>Published only if the offer is accepted  |  |
| <b><i>Details of the gift, benefit or hospitality</i></b>  |  |
| 5. Date the gift was received  |  |
| 6. Describe the gift, benefit or hospitality offered   |  |
| 7. Estimated or actual value   |  |
| 8. Name of person (donor) making the offer   |  |
| 9. Position of person making the offer<br>Published only if the offer is accepted  |  |
| 10. Name of organisation making the offer<br>Published only if the offer is accepted                                     |  |
| 11. Type of organisation; for example<br>a) sporting organisation;<br>b) conference organisation; or<br>c) lobbying firm |  |
| 12. Why is the offer being made? (reason why the gift, benefit or hospitality was offered)                               |  |
| 13. Would accepting the offer create an actual, potential or perceived conflict of interest (G.I.F.T. test)              |  |
| 14. Would accepting the offer bring you or the organisation into disrepute (Yes / No) (G.I.F.T test)                     |  |
| 15. I accepted the offer <b>YES / NO</b>   |  |
| Has the gift been acknowledged in writing to the donor   | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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| <b>Individual to complete</b>  |
| I certify that to the best of my knowledge and belief, this declaration contains all the information available at the time the declaration is given and it is correct. |

Recipient signature: .....

Date: ...../...../.....

| Decision about ownership of the Gift, Benefit or Hospitality  |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Gift to be retained and pooled for staff use   | <input type="checkbox"/> Gift to be returned to donor |  |  |
| <input type="checkbox"/> Gift to be retained by individual  | <input type="checkbox"/> Other (explain below)        |  |  |
| Instructions/comments – Management  |   |  |  |
| <table border="1"> <tr> <td>           Manager instructions/comment<br/>Name, Position         </td> <td></td> </tr> </table> | Manager instructions/comment<br>Name, Position        |  |  |
| Manager instructions/comment<br>Name, Position  |   |  |  |

Manager signature: .....

Date: ...../...../.....

The personal information requested on this form will be recorded in the Gifts, Benefits & Hospitality Register. It will be used solely for this purpose. The information may be disclosed to the public. The recipient may be able to apply to Council for access/amendment to the information.

Completed forms are to be forwarded to the Records Management unit for registration; they will then be included in the Gifts, Benefits and Hospitality Register.