

Org Policy 153 - Appendix 1

Beechworth Health Service

Gifts Benefits and Hospitality Policy Form

Employees are to complete the Gifts Benefits and Hospitality Policy Form in line with the requirements of Org 153 - Gifts Benefits and Hospitality Policy Form Policy. Completed forms are to be forwarded to the Chief Executive for approval.

| Person Making The Declaration | | | |
|--------------------------------------|--|------|--|
| Name | | | |
| Position | | | |
| Signature | | Date | |

| Details of Gifts Benefits or Hospitality | |
|--|--|
| Nature of Gifts Benefits or Hospitality offered | |
| Name and organisation of giver | |
| Reason for the Gifts Benefits or Hospitality | |
| Estimated value (ATID) | |
| Was the Gift(s) Benefits or Hospitality accepted? | <input type="checkbox"/> Yes (specify date of receipt.....) <input type="checkbox"/> No |
| Who retained the Gifts Benefits or Hospitality favour? | <input type="checkbox"/> The Gifts Benefits or Hospitality was retained by BHS <input type="checkbox"/> The Gifts Benefits or Hospitality was retained by the recipient |
| Does the recipient believe the Gifts Benefits or Hospitality is, or could reasonably be seen to be, an attempt to influence or otherwise compromise BHS or one or more of its employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No Give details and reasons below: |