

Gift or Benefit Declaration Form

To be completed by the recipient of the reportable gift and lodged for approval within 21 days of the gift being received.
Please read the St. Mary's Conflict of Interest Policy.

Date gift offered:	Click here to enter text.
Offered to: (insert full name/s)	Click here to enter text.
Job title / Area/s of responsibility:	Click here to enter text.
Offered by: (insert name/s)	Click here to enter text.
Job title/ Area/s of responsibility / Connection to school :	Click here to enter text.
Organisation: (if relevant)	Click here to enter text.
Reason offered:	Click here to enter text.
Description of the gift/ benefit:	Click here to enter text.
Location of the gift: (i.e. current storage location)	Click here to enter text.
Estimated Value: (in \$AUD)	Click here to enter text.
	<input type="checkbox"/> First time offer
	<input type="checkbox"/> Previous offer/s within last 12 months by this individual / organisation
Cumulative value of gifts offered by this individual within the last 12 months:	Click here to enter text.

DECISION REGARDING GIFT		
<input type="checkbox"/> Declined	<input type="checkbox"/> Retained by staff member/s	<input type="checkbox"/> Transferred to School / Parish/ Employer
<i>Please list details of transfer</i> Click here to enter text.		
Signature/s of person/s retaining the gift/benefit		Date:

APPROVED BY:	
NAME:	POSITION:
SIGNATURE:	DATE