1 July 2021 to 30 June 2022

MANSFIELD DISTRICT HOSPITAL GIFTS, BENEFITS AND HOSPITALITY REGISTER

Date offered	Offered to (individual's name, position, unit/division) - [Name may be de- identified when published on the organisation's website]	Description of the gift, benefit or hospitality	Estimated or actual value	value of	Offered by (name of individual/organisation making the offer)	Is the person or organisation making the offer a business associate of the organisation? (Y/N) (consider whether their offer is consistent with the organisation's policy)	Reason given by offeror for making the offer	If accepted: a) would an actual potential or perceived conflict of interest exist; or b) would it bring the individual, the organisation or the public sector into disrepute? (If either is answered YES, then the offer must be declined in accordance with the minimum accountabilities)	Is there a legitimate business benefit to the organisation, public sector or State for accepting the offer, i.e. does it meet the following: a) it was offered during the course of the individual's official duties; and b) it relates to the individual's official responsibilities; and c) it has a benefit to the organisation, public sector or State (If NO then offer must be declined, and if YES then the business benefit must be detailed, in accordance with the minimum accountabilities).	Decision regarding the offer: a) declined or accepted (state which) b) ownership (e.g. state whether individual retained; was transferred to organisation's ownership; returned to offeror etc.)	Approva acceptin unit/divis approve
		Nil gifts offered									
											+
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											+
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			-	-							
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Is - if offer accepted, state who approved the individual g the offer and decision on ownership (name, position, sion of individual's manager or senior decision-maker who	Completed by (name and position)
d acceptance.)	
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