2024-2025

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	Cumulative value of offers made by individual/organisation	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.)	Approvals - if offer accepted, state who approved the individual accepting the offer and decision on ownership (name, position, unit/division of individual's manager or senior decision-maker who approved acceptance.)	Completed by (name and position)