

000934 - Appendix 4 DISCLOSURE OF A REPORTABLE GIFT OR BENEFIT FORM

Surname:

Given names:

Position:

Faculty/Division:

School/Unit:

Nature of gift/s or benefits received:

Value of gift/s or benefits received: \$ _____

Gift/s or benefits received from: (name of individual, group and/or company):

What has been done with the gift?

I hereby declare that the above details are correct to the best of my knowledge and I make this declaration of gift/s or benefits received in good faith.

Signature (*Staff member*)

_____ Date: _____

I hereby declare that I have received and appropriately noted this gift declaration.

Signature (*Line manager*)

_____ Date: _____

Please return completed and signed form to:

Director, People and Workforce Strategy
Human Resource Services
Chancellery Building, Callaghan