

SHIRE OF PERENJORI

GIFT DECLARATION FORM

Employee to complete			
Employee details			
Surname		First name	
Position title		Department	
Description of offer			
Date of offer			
Date gift, benefit or hospitality will be accepted (if declaring before occurrence)			
Description of offer			
Estimated or actual value (attach any information that confirms value) <i>Note: Code of Conduct prohibits the acceptance of gifts of \$300 or more.</i>			
Description of person/organisation making/made offer			
Name of person/organisation making/made offer			
Position of person making/made offer (if known and applicable)			
Nature of your authority's relationship with person/organisation making/made offer	<input type="checkbox"/> Client/customer <input type="checkbox"/> Member of public <input type="checkbox"/> Supplier/contractor <input type="checkbox"/> Other (describe)		

Employee assessment			
Why is offer being made/has been made?			
<p>Could accepting offer create an actual, potential or perceived conflict of interest¹? For example, are you/your authority about to make a decision on the person/organisation that could lead to a favourable outcome for them?</p>		<input type="checkbox"/> Yes If yes, ensure decision reflects appropriate management strategy, and consider if conflict of interest declaration is also required. <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Does accepting an offer of hospitality have a link or obvious benefit to either the authority or government priorities or objectives?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have any previous offers been made to you/your business area by the same person/organisation in the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you already accepted/declined the offer?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date accepted/declined:	
Do you want to accept the offer? If yes , why?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee declaration			
I declare the information I am providing in this declaration is true and accurate to the best of my knowledge.			
Signature		Date	

¹ **Actual conflict of interest** is where a public officer's personal interests and their public duty conflict. These are happening now and require management.

Potential conflict of interest is where a public officer's personal interests and their public duty are likely to conflict sometime in the future.

Perceived conflict of interest is where a third party could form the view that personal interests could improperly influence a public officer's decisions or actions now or in the future.

CEO to complete

Surname		First name	
Position title			
<p>I have reviewed the information provided and recommend the following action:</p> <p><input type="checkbox"/> Offer be declined</p> <p><input type="checkbox"/> Gift or benefit be returned to person/organisation</p> <p><input type="checkbox"/> Gift or benefit be retained by officer</p> <p><input type="checkbox"/> Gift or benefit be retained by authority</p> <p><input type="checkbox"/> Gift or benefit be disposed of by authority (e.g. donated to charity)</p> <p><input type="checkbox"/> Hospitality be accepted</p> <p><input type="checkbox"/> Other (detail)</p>			
<p>I confirm that to the best of my knowledge the offer or its acceptance:</p> <p><input type="checkbox"/> will not create/has not created an actual, potential or perceived conflict of interest</p> <p><input type="checkbox"/> where hospitality is accepted, it has a link or obvious benefit to either the authority or government priorities and objectives; and creates no actual, potential or perceived conflict of interest.</p>			
<p>Approved value (if applicable):</p> <p>I have submitted this declaration for inclusion on the gifts, benefits and hospitality register.</p>			
Signature		Date	

END FORM