appendix c. GIFTS BENEFITS AND HOSPITALITY DECLARATION FORM

**Gifts, benefits and hospitality declaration form**

This declaration supports the Department of Education’s Gifts, Benefits and Hospitality Policy.

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|  |  |  |  |
| --- | --- | --- | --- |
| Officer to complete (part 1) | | | |
| **Officer details** | | | |
| Surname | [Surname] | First name | [First name] |
| Position title | [Position title] | Directorate/school Learning Area | [Division/unit] |
| **Description of offer** | | | |
| Date of offer | | [Date of offer] | |
| Date gift, benefit or hospitality **will be accepted** (if declaring before occurrence) | | [Date to be provided] | |
| Description of offer | | [Description] | |
| Estimated or actual value (attach any information that confirms value) | | [Value] | |
| **Description of person/organisation making/made offer** | | | |
| Name of person/organisation making/made offer | | [Name of person/organisation] | |
| Position of person making/made offer  (if known and applicable) | | [Position of person who offered] | |
| Nature of the School/Department’s relationship with person/organisation making/made offer | | Client/customer  Member of public  Supplier/contractor  Other (describe) | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Officer assessment** | | | | |
| Why is offer being made/has been made? | | [Reason for offer] | | |
| Could accepting offer create an actual, potential or perceived conflict of interest[[1]](#footnote-1)?  For example, are you/the School or the Department about to make a decision on the person/organisation that could lead to a favourable outcome for them? | | Yes If yes, consider if conflict of interest declaration is also required.  No  Unsure | | |
| Does accepting an **offer of hospitality** have a link or obvious benefit to either the Department or government priorities or objectives? | | Yes  No  Unsure  N/A | | |
| Have any previous offers been made to you/your business area by the same person/organisation in the last 12 months?  If yes, provide details of previous gifts, date and value. | | Yes  No  Unsure | | |
| Have you already accepted/declined the offer? | | Yes  No  Date accepted/declined: [Date to be provided] | | |
| Do you want to accept the offer?  If yes, why? | | Yes  No  [Reasons to accept offer] | | |
| **Officer declaration** | | | | |
| I declare the information I am providing in this declaration is true and accurate to the best of my knowledge. | | | | |
| Signature |  | | Date | [Enter date] |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approval authority to complete (part 2) | | | | |
| Approval authority details | | | | |
| Surname | [Approving officer surname] | First name | [Approving officer first name] | |
| Position title | [Approving officer position] | Directorate/School Learning are | [Approving officer division/unit] | |
| Relationship to officer | | [Relationship to officer] | | |
| I have reviewed the information provided and recommend the following action:  Offer be declined  Gift or benefit be returned to person/organisation  Gift or benefit be retained by officer  Gift or benefit be retained by Department/school  Gift or benefit be disposed of by Department/school  Hospitality be accepted  Other (detail) | | | | |
| I confirm that to the best of my knowledge the offer or its acceptance:  will not create/has not created an actual, potential or perceived conflict of interest  where **hospitality** is accepted, it has a link or obvious benefit to either the Department or government priorities and objectives; and creates no actual, potential or perceived conflict of interest. | | | | |
| Approved value (if applicable): [Value]  I have submitted this declaration for inclusion on the gifts, benefits and hospitality register. | | | | |
| Signature |  | | Date |  |

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**Registration Procedures:** Central and Regional offices to scan completed form and save in TRIM folder – F12/0012717. Schools are required complete the Gifts Benefits and Hospitality register with the form details for their school site. Hard copy form retained in accordance with the Department Records Management policy.

**FBT Assessment:** If the value is greater than $300 and is approved to retain for personal use, email a copy of this form to the Taxation Team Leader, Finance Services, Business and Customer Services (BCS) at [doetax@education.wa.edu.au](mailto:doetax@education.wa.edu.au) for FBT assessment

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. [↑](#footnote-ref-1)