Title:	Gifts, Benefits and Hos	spitality Re	gister and Attestation Form			A
Section:	Governance	PRH:	Chief Executive Officer	Form:	F.MGMT.011	ALEXANDRA DISTRICT HEALTH

DATE OFFERED	OFFERED TO: (Name, Role, Organisation)	OFFERED BY: (Name, Role, Organisation)	REASON OFFERED	DESCRIPTION OF GIFT, BENEFIT, HOSPITALITY	ESTIMATED OR ACTUAL VALUE	OFFER ACCEPTED / DECLINED (Y/N)	DECISION RE OWNERSHIP OF THE GIFT	BY (appropriate delegate to sign and date as authorised
14/12/20	D. Rogers, ADH CEO	Visiting Medical Officer	Christmas gift	Store gift card	\$50.00	Yes	А	L. Gelbert ADH Board Chair

Note: A nominal amount is gift or gratuity with a value equal to or less than \$50 Australian dollars or is the value of an item that has been publically bestowed on an employee in connection with authorised ADH work

# Decision re ownership (select most appropriate)		Α.	Retain the gift
A. Retain the gift	N	B.	Accept an official or ceremonial gift on behalf of ADH
B. Accept an official or ceremonial gift on behalf of ADH		C.	Transfer ownership of the gift to ADH
C. Transfer ownership of the gift to ADH		D.	Return the gift to the donor
D. Return the gift to the donor		E.	Donate the gift to charity
E. Donate the gift to charity		F.	Other (please specify
F. Other (please specify			

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