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|  |  | **RECEIPT OF GIFT**Declaration Form |

This form must be completed by staff who have received a gift from a third party as required by the Code of Conduct and the Policy on the Receipt of Gifts by CSU Staff.

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| RECIPIENT DETAILS |
|  |
| Recipient’s Name |  |  |  |
|  |
| Position |  |  |  |
|  |
| Budget Centre |  |  |  |
|  |
| Campus |  |  |  |
|  |
| Telephone |  |  |  |
|  |  |  |  |
| Email |  |  |  |
|  |
| GIFT DETAILS |
|  |
| Gifter’s Name |  |  |  |
|  |
| Position |  |  |  |
|  |
| Organisation |  |  |  |
|  |
| Nature of Relationship with Recipient(eg. friend, colleague, business acquaintance, associate) |  |  |  |
|  |
| Nature of Relationship with University(eg. supplier, partner, prospective supplier) |  |  |  |
|  |  |  |  |
| Have there been any financial or contractual dealings between the gifter, or their organisation, in the last 5 years? |  |  |  |
|  |  |  |  |
| Are there any current or proposed dealings between the gifter or their organisation and the University? |  |  |  |
|  |  |  |  |
| To your knowledge, has the gift been made with the intention (express or implied) to influence decision-making or those of the University towards the gifter or their organisation? |  |  |  |
|  |
| To your knowledge, has the gift been made in the context of the cultural traditions of the country in which the gifting organisation operates? |  |  |  |
|  |
| Description of Gift |  |  |  |
|  |
| Retail value of the Gift (in Australia) |  |  |  |
|  |
| Proposed treatment of Gift | ☐ | Under designated value, retain by recipient | ☐ | Over designated value, retain by recipient and recipient to pay difference | ☐ | Over designated value, transfer to University for allocation or disposal |  |  |
|  |  |  |  |  |  |  |  |  |
| Where gift is transferred, indicate how you would like the gift to be treated by the University. |  |  |  |
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| DECLARATION |
| I declare that I have read the Code of Conduct and the Policy on Receipt of Gifts by CSU Staff and that the information provided above is true and accurate to the best of my knowledge.  |
| Recipient Signature |  |  |  |
|  |
| Date |  |  |  |
|  |
|  OFFICE USE ONLY |
|  |
| Declaration Received |  |  | Date |  |  |
|  |
| Determination on Gift |  |  |  |
|  |
|  |
| Signature |  |  | Date |  |  |
|  |