

DECLARATION OF GIFTS & HOSPITALITY FORM



Appendix 6

Name of Individual Making Declaration	
Job Title	
Department	
Employee Number	

Details of Gift/Hospitality Offered/Received	
Details of the individual/organisation offering the gift or hospitality	
Approximate value of gift or hospitality offered/received	£
Date of offer/receipt	
Reason for retrospective approval (if applicable)	

Part 1 – EMPLOYEE ACTION/DECLARATION:

The gift or hospitality offered	Was accepted/declined (delete as appropriate)
The gift or hospitality received	Was accepted/returned (delete as appropriate)
I declare that the action outlined above was entirely consistent with the requirements of the Code of Conduct for NHS Managers, Standards of Business Conduct Policy in Respect of Interests in Gifts, Hospitality, Sponsorship, Advertising and Partnership Arrangements, the Trust's Anti-Bribery Policy and that no business/clinical or administrative decisions have or will be improperly influenced by the offer of/receipt of the gifts/hospitality nor has personal gain been obtained.	
Signed:	Date:
If the declaration is made by email state your name and email address in the signature box above.	

*****This form should now be submitted to your Line Manager as soon as possible*****

Part 2 – LINE MANAGER: (*Please delete as appropriate)

- I have reviewed this declaration and consider that the initial action taken by the individual is appropriate.*
- I have reviewed this declaration and consider that the initial action taken by the individual in accepting the offer made is inappropriate and I have advised the individual accordingly that the offer be declined.*

The advice I have given is as follows:			
Signed:		Date:	
If the declaration is made by e-mail state your name and e-mail address in the signature box above.			
Position:			
Employee Number:			

*****Please now forward this form to the Trust Secretary, Trust Headquarters,
Melbourn Station, Whiting Way, Off Back Lane, Melbourn Cambridgeshire, SG8 6NA*****

Part 3 – TRUST SECRETARY (*Please delete as appropriate)

- I have reviewed this declaration and agree with the action taken by the Line Manager.*
- I have reviewed this declaration and have advised the Line Manager that in this instance the action taken is not in accordance with Trust Policy.*

The advice I have given is as follows:	
Signature:	
Date:	
Reference:	