This form must be completed by all employees and school body members, including their employees before accepting a gift or benefit classified as a reportable gift.

|  |  |
| --- | --- |
| **Date Gift or benefit offered:** |       |
| **Gift or benefit offered to:** | Name:       |
| AGS (if applicable):       | Role:       |
| Branch/School:       | Division:       |
| **Gift or benefit offered by:** | Name:       |
|  | Role:       |
|  | Organisation:       |
| **Reason gift or benefit was offered** |
|       |
| **Description of gift or benefit** |
|       |
| **How do you propose to deal with the gift or benefit for example, decline, retain, donate to charity, and so on** |
|       |
| **Are you going to be in contact with this donor or organisation in the future for example due to joint projects, supply of goods or services etc?****If yes - will any decisions in the future involve the donor or organisation? For example, a recruitment or procurement activity.** |
|       |
| Estimated value of the Gift or Benefit: $      |
| [ ] Is this a first time offer; or [ ]  Previous offer or offers within the last 12 months by this individual or business or company |
| What is the **total value** of gifts offered by this donor or organisation within the last 12 months? Total value$       |
| **Employee** |
| Name:       | Signature:  | Date:       |

|  |
| --- |
| **Endorsement – manager** |
| **Endorse: [ ]  Yes**  **[ ]  No**  |
| **Comments:**       |
| **Name:**       | **Signature:**  | **Date:** |

# Decision

For school bodies and their employees only

|  |
| --- |
| **School Principal – if greater than token value >$100** |
| **Decision: [ ]** Decline **[ ]** Retain **[ ]** Donate to Charity **[ ]** Transfer ownership to work unit or school |
| **Comments:**       |
| **Name:**       | **Signature:**  | **Date:** |

For NTPS employees only

|  |
| --- |
| **Chief Executive Officer – if greater than token value >$100** |
| **Decision: [ ]** Decline **[ ]** Retain **[ ]** Donate to Charity **[ ]** Transfer ownership to work unit or school |
| **Comments:**       |
| **Name:**       | **Signature:**  | **Date:**  |

## Further information

For NT Public Service NTPS employees, the completed form must be emailed to QAS.DOE@education.nt.gov.au.

For school body members and school body member employees, the completed form must be forwarded to the school principal.

## Collection notice

The information collected in this form will only be used for the purpose for which it is being collected. All information will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that everyone’s right to privacy is maintained. For more information, go to the Department of Education’s Privacy Policy, located on the Policy and Advisory Library or contact the Senior Privacy Manager on Ph. 8999 5960.