Org Policy 153 - Appendix 2

Beechworth Health Service

GIFTS BENEFITS OR HOSPITALITY REGISTER

Person Making the Declaration					**Details of Gifts Benefits or Hospitality**							**Chief Executive Approval**	
	Date	Last Name	First Name	Position	Nature of Gift or Favour	Name of Organisation / Giver	Reason for Gift or Favour	Est. Value ($)	Accepted Yes / No Date Accepted	Retained by BHS Yes / No	Compromise BHS or its employees? Yes / No	Approved by	Date
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Person Making the Declaration					**Details of Gifts Benefits or Hospitality**							**Chief Executive Approval**	
	Date	Last Name	First Name	Position	Nature of Gift or Favour	Name of Organisation / Giver	Reason for Gift or Favour	Est. Value ($)	Accepted Yes / No Date Accepted	Retained by BHS Yes / No	Compromise BHS or its employees? Yes / No	Approved by	Date
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