

College of Emergency Nursing Australasia

Gifts and Benefits Declaration Form

Declaration form instructions

1. Members of the National Board, Branch Committees, or other persons authorised to carry out any activity or function of the College (the 'College entities'), are to complete this Gifts and Benefits Declaration Form in line with the requirements detailed in the [Gifts and Benefits Policy](#) of the College.
2. The person making the declaration must complete sections A and B.
3. The Finance Director is required to complete section C.
4. If the estimated value of the gift(s) or benefit(s) exceeds \$500, section D must also be completed by the Executive Director
5. Completed forms are to be forwarded to the Secretariat (national@cena.org.au) and tabled at the next available National Board meeting

A. PERSON MAKING THE DECLARATION			
Name			
Position			
Contact email		Phone/Mobile	
Signature		Date	

B. DETAILS OF GIFT OR BENEFIT		
Nature of gift or benefit offered		
Name and organisation of donor		
Reason for the gift or benefit (including the circumstances in which the gift has been offered and/or given)	Provide details:	
Estimated value (AUD)	<input type="checkbox"/> \$200–500 <input type="checkbox"/> >\$500	
Is this the first gift/benefit from this donor this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	See section 4.2 of Gifts and Benefits Policy regarding accumulated or aggregated value of gifts.
Was the gift or benefit accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify date of receipt:

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B. DETAILS OF GIFT OR BENEFIT (Cont.)	
Who retained the gift or benefit?	<input type="checkbox"/> The gift/benefit will be retained by the recipient <input type="checkbox"/> The gift/benefit will be donated to the CENA or a CENA-related project
How will the gift or benefit be retained/distributed?	Provide details:
Does the recipient believe the gift or benefit is, or could reasonably be seen to be, an attempt to influence or otherwise compromise the College or College entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide details and reasons:

C. FINANCE DIRECTOR SIGN-OFF		
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
Name		
Signature		Date

D. EXECUTIVE DIRECTOR SIGN-OFF		
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
Name		
Signature		Date

CENA ADMINISTRATIVE USE ONLY		
Received by		
Signature		Date

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