

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
STANDING ORDERS & STANDING FINANCIAL INSTRUCTIONS
REGISTER OF GIFTS, HOSPITALITY, SPONSORSHIP AND HONORARIA**

NAME OF RECIPIENT:	DIRECTORATE AND POST HELD:
DATE OF OFFER:	NATURE OF GIFT, HOSPITALITY, SPONSORSHIP OR HONORARIA:
NAME & ADDRESS OF OFFERER:	REMARKS: (This section is to be used for any notes of clarification)
	ACCEPTED / DECLINED:
I declare that the information given on this form is true and complete to the best of my knowledge. I understand that action may be taken against me if I make a false statement. I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation	
Signature: Date:	
AUTHORISATION / ACKNOWLEDGEMENT OF LINE MANAGER:	
Signed: Designation:	
Date: Directorate:	
FOR OFFICE USE	
ENTRY IN REGISTER	NO:
	DATE:
	BY:

NOTE: This form must be completed when gifts (other than articles of low value such as diaries or calendars) or hospitality are accepted or declined. The completed and signed form must be returned to the Gwenan Roberts, Head of Corporate Services, Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN

Information provided will be made available online – in line with the policy requirements