

# Schedule 1 – Gifts and Benefits Declaration Form

## SoCLA Representative details

Name:

Position:

## Gift or benefit details

Date offered or received:

Type of gift or benefit:

Provider:

Approximate value (\$):

Relationship between SoCLA or SoCLA Representative and provider:

Provide a description of the gift or benefit:

Provide circumstances of the offer or receipt:

Status of the gift or benefit (accepted or refused by SoCLA Representative):

SoCLA Representative Signature and Date:

## Executive details

Name:

Position:

## Executive evaluation

Decision:

Provide a description:

Executive Signature and Date: