

**Office of the Health Ombudsman**  
**Reportable Gifts and Benefits**  
**2025-26**



**Quarter one | July to September 2025**

Date given or received	Description of gift or benefit	Retail value	Name of donor <sup>1</sup>	Name of recipient	Gift received was: a) Retained by employee(s) b) Retained by agency	Reasons for accepting or giving
Nil						

(1) For organisational donors, the name of the organisation is included. If the donor is an individual, this is a generic reference. E.g. "individual", "family of patient".