

Application for authorisation to engage in an occupational activity after leaving EDA

Article 18 of the Staff Regulations

Please note that this application for authorisation is required before engaging in an occupational activity, whether gainful or not, **within two years of leaving the service**.

If that activity is related to the work carried out by the staff member during the last three years of service and could lead to a conflict with the legitimate interests of the Agency, the AACC may, having regard to the interests of the service, either forbid him/her from undertaking it or give its approval subject to any conditions it thinks fit. For senior staff (i.e. CE, DCE, Directors), an additional ban of 12 months applies on lobbying or advocacy vis-à-vis Agency staff for their business, clients or employers on matters for which they were responsible during their three last years of service.

It is therefore of utmost importance to provide all relevant information as soon as possible and in the required detail as to allow EDA to take a decision within 30 days.

THE FORMER TEMPORARY OR CONTRACT AGENT			
NAME / First name:			
Position:			
EDA Personnel N°:		Category:	<input type="checkbox"/> TA <input type="checkbox"/> CA <input type="checkbox"/> SNE
End of contract:	dd/mm/yyyy	Grade/step:	
Address:			
E-mail:			
Telephone(s):			
Please describe your work during the last three years of service:			
Are you receiving or will you receive any pecuniary benefit from the EDA after leaving? If so, please specify what sort (invalidity or unemployment allowance).			<input type="checkbox"/> YES <input type="checkbox"/> NO

NEW INTENDED ACTIVITY	
Organisation (name):	
Address:	
Website:	
E-mail:	
Telephone(s):	
Nature of activities:	
Does this organisation receive funding from EDA? If yes, please provide details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the organisation for which you wish to work have direct or indirect commercial, financial, or contractual links (including grants) with a European Union institution or body (in particular the EDA)? If so, please specify.	<input type="checkbox"/> YES <input type="checkbox"/> NO
During your work at EDA, did you have any direct or indirect relations with the organisation for which you wish to work ¹ ? If so, please specify (including past contact points at the organisation, meetings, conferences etc.).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please specify your position (incl. job title) in the organisation:	
Expected duration:	Expected starting date: dd/mm/yyyy
Nature of activities:	
You will be:	<input type="checkbox"/> an employee <input type="checkbox"/> a shareholder <input type="checkbox"/> self-employed
E-mail:	
Telephone(s):	
Please provide a description of your intended occupational activity, including main tasks, your specific field of activity, etc.	

¹ State in particular whether you were engaged in preparing financial and/or contractual relations.

Will you receive remuneration or other pecuniary advantages? If yes, specify.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will your new activity have direct or indirect links with EDA? If yes, specify.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other relevant information:	
You may attach any document you consider will demonstrate that your new activities or duties are compatible with those you exercised at the EDA, e.g. job description of the intended activity, statute of the organisation, etc.	

NAME / First name:	Signature:
Place and date:	

ASSESSMENT OF THE HEAD OF UNIT ²	
<input type="checkbox"/> Favourable <input type="checkbox"/> Unfavourable	
If unfavourable, give reasons:	
<div style="border: 1px solid black; height: 20px;"></div>	
NAME / First name:	Signature:
Place and date:	

ASSESSMENT OF THE DIRECTOR ³	
<input type="checkbox"/> Favourable <input type="checkbox"/> Unfavourable	
If unfavourable, give reasons:	
<div style="border: 1px solid black; height: 20px;"></div>	
NAME / First name:	Signature:
Place and date:	

ASSESSMENT OF THE HEAD OF UNIT HR ⁴	
<input type="checkbox"/> Favourable <input type="checkbox"/> Unfavourable	
If unfavourable, give reasons:	
<div style="border: 1px solid black; height: 20px;"></div>	
NAME / First name:	Signature:
Place and date:	

² Any modification of the activity after this application must be reported to the Chief Executive.

³ Any modification of the activity after this application must be reported to the Chief Executive.

⁴ Any modification of the activity after this application must be reported to the Chief Executive.

ASSESSMENT OF THE CORPORATE SERVICES DIRECTOR ⁵	
<input type="checkbox"/> Favourable <input type="checkbox"/> Unfavourable	
If unfavourable, give reasons:	
<div style="border: 1px solid black; height: 20px;"></div>	
NAME / First name:	Signature:
Place and date:	

ASSESSMENT OF THE DEPUTY CHIEF EXECUTIVE	
<input type="checkbox"/> Favourable <input type="checkbox"/> Unfavourable	
If unfavourable, give reasons:	
<div style="border: 1px solid black; height: 20px;"></div>	
NAME / First name:	Signature:
Place and date:	

DECISION OF THE CHIEF EXECUTIVE	
<input type="checkbox"/> Activity authorised <input type="checkbox"/> Activity refused	
If refused, on what grounds:	
<div style="border: 1px solid black; height: 20px;"></div>	
NAME / First name:	Signature:
Place and date:	

⁵ Any modification of the activity after this application must be reported to the Chief Executive.