**BUSINESS APPOINTMENTS APPLICATION FORM - FORMER MINISTERS**

SECTION 1

 **Applicant Details**

|  |  |
| --- | --- |
| Name (*including any titles, decorations)* |  |
| Address for Letters |  |
| Daytime Telephone Number |  |
| Mobile Telephone Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| Last Ministerial Post |  |
| Last Day in Ministerial Office |  |
| Proposed start date of appointment |  |
| Have you made a previous request for advice? (*Please tick)* | Yes |  | No |  |
| If ‘yes’, when? |  |
| Do you continue to advise or represent Government in any capacity?  | Yes |  | No |  |
| If ‘yes’, please give details of the role, including the responsible department and appointing Minister |  |

**If you are proposing to join a company or organisation (whether full-time, part-time or as a consultant) please go to Section 2.**

**If you are proposing to set up an independent consultancy, please go to Section 3.**

**All applicants should complete sections 4-7.**

SECTION 2

 **Full or Part-time Appointments Outside Government**

**Appointment Details**

|  |  |
| --- | --- |
| Job Title |  |
| Name of new employer |  |
| Nature of business |  |
| Parent company or group (if applicable) |  |
| Contact name and their position in company/organisation |  |
| Telephone Number |  |
| Please state whether the application is speculative or if a firm offer of employment has been made. | Speculative |  | Offer of employment |  |
| The proposed appointment is: *(please tick)* | Full-time |  | Part-time |  | Paid |  | Unpaid |  |
| If part-time, please state how much time is likely to be involved: | *[..........] days per week/month/year* |
| Details of your new role and responsibilities. Please give as much information as possible |
|  |
| Does the appointment include any contact or dealings with your former department or government more generally? | Yes |  | No |  |
| If yes, please give full details, including any involvement you will have in business involving the department or government, in lobbying Ministers or officials, or advising on how to represent the interests of the new employer. |
|  |
| Did you apply for an advertised post? *(please tick)* | Yes |  | No |  |
| If ‘No’ please state when and how the offer of the post arose. |
|  |

**Please proceed to section 4.**

SECTION 3

 **Independent Consultancies**

**Note:** General approval to set up as an independent consultant will be dependent on the detail and nature of any proposal. In order to enable your application to be processed with minimum delay, please ensure you include sufficient detail of the area/areas covered by the consultancy.

**Information about consultancy**

|  |
| --- |
| Describe the nature of your proposed consultancy work. |
|  |
| Do you already have a list of potential clients who may offer you a commission or who have already done so? (*Please tick)* | Yes |  | No |  |
| If yes, please give the name of the companies/organisations whose commissions you wish to accept and the nature of the commissions, including any speculative commissions, in each case. (If the commission is likely to involve representing the interests of the new employer or its clients to government please give details in the second column.) Then complete a separate answer for sections 4 (in respect of prospective clients only) and 5. If you have a firm offer of employment please state when and how it arose in each case. |
| Company/organisation | Nature of commission | How and when did the offer of the commission come about? |
|  |  |  |

SECTION 4

 **Dealings with prospective employer or clients**

Please complete a separate entry for each employer/client.

|  |  |
| --- | --- |
| Employer/Client Name: |  |
| (a) | During your last two years in office did you have any official dealings with your prospective employer (or its parent company) or client? (*Please tick)* |
| Yes |  | No |  |
| If yes, please give details.This should include:* Any meetings with or speeches to your prospective employer, including contact at stakeholder events
* Any involvement in the development of departmental policy or in policy decisions that may have affected your prospective employer/client
* Any involvement in the award of grants or contracts to your prospective employer/client
* Any involvement in regulatory work affecting your prospective employer/client
 |
|  |
| (b) | Are you aware of any relationship, either contractual or non-contractual, between your prospective employer/client and your former department? *(please tick)* |
| Yes |  | No |  |
| If yes, please give details. |
|  |

**Please proceed to section 5.**

SECTION 5

**Dealings with competitors of your prospective employer/client and with the sector in which they operate**

Note: Please complete a separate entry for each employer/client.

|  |  |
| --- | --- |
| Employer/Client Name: |  |
| (a) | During your last two years in office did you have any official dealings with competitors of your prospective employer/client, or with the sector in which they operate, including dealings with representatives of the sector (such as trade associations or industry groups)? (*Please tick)* |
| Yes |  | No |  |
| If yes, please give details.This should include:* Any meetings with competitors or representatives of the sector, including contact at stakeholder events
* Any involvement in the development of departmental policy or in policy decisions that may have affected competitors of your prospective employer/client or the wider sector in which they operate
* Any involvement in the award of grants or contracts in the sector
* Any involvement in regulatory work affecting competitors or the sector as a whole
 |
|  |
| b) | Through your official duties have you had access to commercially sensitive information about any competitors of your prospective employer? *(please tick)* |
| Yes |  | No |  |
| If you have answered ‘yes’ please describe this information. |
|  |
| c) | If you had involvement with the sector or industry in which your prospective employer/client operates prior to your ministerial role, please provide details here. |
|  |

**Please proceed to section 6.**

SECTION 6

 **Further Information**

|  |
| --- |
| If there is any other information that you feel would assist the Committee in formulating their advice, including any factors which could affect the perception of your appointment, please set this out below. |
|  |

**Please proceed to section 7.**

SECTION 7

 **PLEASE SIGN AND COMPLETE THE SECTION BELOW**

Please check that the information that you have provided is correct and then sign and date the form.

|  |  |
| --- | --- |
| Signature |  |
| Print name  |  |
| Date |  |

Please send this form to:

**The Secretary**

**Office of the Advisory Committee on Business Appointments**

**G/08, Ground Floor
1 Horse Guards Road
London SW1A 2HQ**

Or email to: **acoba@acoba.gov.uk**