Declaration of the intention to engage in an occupational activity after leaving the European Medicines Agency

Article 16 of the Staff Regulations

Article 11 and 81 of the Conditions of Employment of other Agents

Article 7.3 of the Decision laying down rules on the SNEs

Your details

Title and full name Select First and last name

Current address Current address including country

Telephone Telephone number including country code

Email address Email address

EMA personnel number EMA personnel no. Category/grade Category / Grade

Contract Contract type

Start date EMA Start date End date EMA End date

Are you/will you be receiving any *regular* payments from EMA/EU after leaving? Select

If Other, please specify: Please specify

Your position and activity at the European Medicines Agency

Please state your Division, Department and Office/Service (as at the time of service) and describe your role(s) during your *last three years of service*. Continue under “Any other relevant information” if you had more than two roles during that period:

From Start date To End date

Job title Job title

Div-Dept-Office/service Organisational Entity

Your main activities Describe your main activities

From Start date To End date

Job title Job title

Div-Dept-Office/service Organisational Entity

Your main activities Describe your main activities

During the last three years of your service at EMA, did you have any relationship

(direct or indirect) with the organisation of your intended activity? Select

If Yes, in what capacity? (e.g. did you handle their medicinal products, or provide scientific or regulatory advice? etc.) Please specify

The organisation of your intended activity

Organisation Organisation

Address Address

Contact email Contact email address

Telephone Include country code Website Website

Type of organisation Select If Other, please specify Please specify

Organisation’s activities Describe organisation’s main activities

Does this organisation receive funding from EMA or the EU? Select

If Yes, please specify: Please specify

Does this organisation have any (in)direct commercial, contractual or financial links (including grants) with EMA or another EU institution/body? Select

If Yes, please specify: Please specify

Your intended activity

Expected start date Start date

End date (if known) End date

Job title Job title

Will you be an employee of the organisation? Select

Will you be a shareholder in the organisation? Select

Will you receive remuneration or other financial advantages? Select

If Other, please specify: Please specify

Your main activities Describe your main activities, indicating if you expect to be dealing with specific medicinal products

Do you anticipate that your new activity will involve contact with EMA? Select

If Yes, please specify: Please specify e.g. Procedural, regulatory, product-related

Will your new activity have (in)direct links with other EU institutions? Select

If Yes, please specify: Please specify

Any other relevant information

Click or tap here to enter text.

**If you are still in service, please include your latest job description with this application, and remember to attach all other documents that you consider relevant for the assessment of your application.**

Privacy Statement

The processing of your personal data in the context of this application is under the responsibility of the **Head of Administration and Corporate Management Division, acting as Data Controller**, and is subject to Regulation [(EU) 2018/1725](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018R1725&from=EN).

Access to your personal data is given only to EMA staff members responsible for the management and assessment of your application. A copy of the application, together with the decision of the appointing authority, will be kept by the Agency as part of your personal file. **Certain items of information you provide** (e.g. intended employer name, post held, contract periods) **are entered into an Excel spreadsheet**. For transparency purposes, an anonymized version of the information in the spreadsheet may be made publicly available. Within the Agency a register will be published for internal use only. More information about the processing of your personal data and your rights thereof can be found at:

<https://www.ema.europa.eu/en/about-us/legal/general-privacy-statement>

Your signature



**1) Sign the form**

1. Sign with a digital signature (preferred option)

You will need Adobe Acrobat Reader DC for this. If you don’t have it, you can download it [here](https://get.adobe.com/uk/reader/otherversions/)

After completing this form in Word, save it as a PDF. To do this, depending on your Word version you:

* Click File, then either
* Save as Adobe PDF, or
* Print, and under Printer select any of the options to print to PDF

Open the saved PDF:

* Click the **Tools** tab; under **Certificates** click **Open**;
* In the new section at the top of your document click **Digitally sign**;
* **Click and drag your mouse** to where you want your signature to appear. When releasing the mouse, you will be taken to the next step;
* In the **Sign with Digital signature** window **select your preferred option** (if you have not yet set up a digital ID, Adobe will take you through this simple process);
* Click **Continue,** click **Sign,** then **Save**

***OR***

1. Insert a photograph of your signature in the box above by clicking on the icon and navigating to the location where you stored your photograph

***OR***

1. Print the form, sign, and scan

**2) Send the completed and signed form to** [**Article16@ema.europa.eu**](mailto:Article16@ema.europa.eu)