

All-Party Group (APG) – Annual Return Form

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| **APG Name:** | All-Party Group on |
| **Date of AGM:** |  |

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| **Officers of the APG**  *(Please amend titles as necessary e.g. to indicate joint office holders or preferred titles)* | | | |
| All-Party Groups are required to carry out an annual election of group officers which must take place at the Annual General Meeting. Please confirm that this has taken place.  I confirm that an annual election of group officers has taken place. *(please tick)* | | | |
|  | **Name** | **Party** | **Designation** |
| **Chairperson:** |  |  | Nationalist/Unionist/Other  (delete as applicable) |
| **Vice-chairperson:** |  |  | Nationalist/Unionist/Other  (delete as applicable) |
| **Secretary:** |  |  | Nationalist/Unionist/Other  (delete as applicable) |
| **Treasurer:** |  |  | Nationalist/Unionist/Other  (delete as applicable) |

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| **Group Members**  In accordance with the ‘Rules on All-Party Groups’ it is the responsibility of the group contact (Chairperson) to notify the Clerk of Standards of any resignations from or appointments to the group during the course of the year. **Please confirm details of the full membership of the APG as at the time of the AGM.** | | |
| **Name** | **Party** | **Designation** |
|  |  | Nationalist/Unionist/Other  (delete as applicable) |
|  |  | Nationalist/Unionist/Other  (delete as applicable) |
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| **Name** | **Party** | **Designation** |
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|  |  | Nationalist/Unionist/Other  (delete as applicable) |
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|  |  | Nationalist/Unionist/Other  (delete as applicable) |
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|  |  | Nationalist/Unionist/Other  (delete as applicable) |

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| **Financial and other benefits received** | |
| The group must register any financial or other material benefit received by the group from whatever source, where the value of the financial sum or benefit from any single source exceeds £250 in any one calendar year. This includes donations, sponsorship, subscriptions, hospitality, gifts, visits, provision of services or accommodation or staff assistance. The value of use of Assembly facilities need not be registered.  The details requiring registration include a brief description of the benefit, the date on which it was received and the source from which it came. Where a consultancy organisation provides benefits, the client on whose behalf these are provided should be named.  **NB** It is important to note that receipt of outside secretarial support is a financial benefit and it should therefore be recorded here.  **If there are any financial or other benefits which have not been declared during the course of the past year please give details.** | |
| **What benefit has been received?** |  |
| **Who has provided the benefit?** |  |
| **Date benefit received/Anticipated date of receipt is *(delete as appropriate):*** |  |

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| **Group subscription** | |
| Where a group charges or proposes to charge a subscription, this must be reasonable and the same for all members. The amount of the subscription should be registered and the purposes for which it is intended to use the subscription. | |
| **Amount per group member per year (£):** |  |
| **Purpose:** |  |

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| **Chairperson’s contact details** | |
| (*Please give the full details of the Chairperson who will be the contact for registration matters for the group. If a group subsequently changes the designated contact (Chairperson), the office of the Standards and Privileges Committee must be informed within 7 days of the change.)* | |
| **Name:** |  |
| **Assembly address:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Constituency Office Telephone:** |  |

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| **Other Group contact details** | |
| *E.g. secretarial support, please provide a valid email address.* | |
| **Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |

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| **Assembly website** |
| Please check the accuracy of the details of the group on the Assembly website.  Any required amendments should be noted below: |
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| **Declaration** | |
| *I declare that this All-Party Group is constituted in accordance with the Rules on All-Party Groups in the Northern Ireland Assembly as set out in the ‘Rules on All-Party Groups’. I accept that failure to comply with, or contravention of, the Rules may result in the group’s loss of recognition as an All-Party Group and loss of access by the group to the Assembly’s facilities and any privileges generally accorded to recognised All-Party Groups.* | |
| **Chairperson’s name *(please print):*** |  |
| **Chairperson’s signature:** |  |
| **Date:** |  |