

Registration form Career Consult 2

Please send this form, preferably with your updated CV to Euflexcc@tue.nl

Title/ initial(s), last name First name Date of birth	
Daytime telephone: E-mail address:	
Contract at TU/e? Which faculty / department? Please indicate: Please indicate: *Date of termination of employment Current position	Yes No (if no, please contact Euflex) WP (scientific staff) OBP (support staff)
Could you please briefly describe what developments in the area of your work took place after your previous career consult	
What questions do you have, regarding your career?	

I have read and agree to Euflex's [Privacy Policy](#) and understand that my consent will extend to include the data processing practices that are described therein.

Euflex hereby declares to safeguard your personal information and treat it with the utmost carefulness, in compliance with the Algemene Verordening Gegevensbescherming (AVG). The complete privacy statement can be found on our website: www.euflex.nl (see 'contact')