

Form Career Consult Uit Dienst (CCU)

Title/first initials, surname	Mr/Ms/Mrs
Date of birth
Telephone number:	Work tel.:
E-mail address:	Mobile phone:
	E-mail at work:.....
	Private E-mail:
Department or Service
Category:	WP (scientific staff) / OBP (support staff) *
Current function:
Last date of employment
If you apply for a WW benefit, you are required to participate in a Career Consult End of Contract program (CCU) organized by Euflex!	<ul style="list-style-type: none"> • I will/will not* apply for a WW benefit after leaving this job. • I will/will not* participate in the Career Consult Uit Dienst (CCU). <p>What is the reason that you will not participate?</p> <p>.....</p> <p>.....</p> <p>.....</p>
We will periodically feedback the most important information to the HR consultant of your faculty.	Note: If you do not participate in the CCU, this will be reported to UWV and will have consequences for your benefit!
What specific questions do you have about your career?

* Cross out what is not applicable.

You are required to send/mail this form – preferably with your CV – to the **HR Services** of your department or service at least one month before the end of your employment.

To be filled out by HR Services

<input type="checkbox"/> The name and e-mail address are filled out correctly. <input type="checkbox"/> The last date of employment is filled out correctly.
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To be filled out by Euflex

Date: Advisor Urgent: Yes/No*

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')