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|  | | | | | Consent to use special personal data | | | | | | | | |  |
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|  | **The purpose of this form**  Your employer is applying for a work permit on your behalf because you wish to work in the Netherlands. In order to take up the position concerned, you must adhere to a specific religion or philosophy. In order to verify whether you fit this position, we require special personal data from you. By way of this form, you grant us your consent to use these personal data. | | | | | |  | **Why we do require your consent?**  The privacy legislation grants particular protection to special personal data, such as your religion and philosophy. We therefore require your consent to use these data. We will treat your data confidentially, as has also been detailed in our privacy statement. More information is available on uwv.nl/privacy/privacy-statement-summary.  **Hand the completed and signed form to your employer**  Your employer will upload the form jointly with the work permit application, using the employer portal to do so. | | | | | |  |
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|  |  | 1 | |  | | Your consent | | | | | | | |  |
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|  |  | | |  | | I hereby grant UWV (Employee Insurance Agency) permission to use the special personal data concerning my religion or philosophy.  My consent exclusively relates to the assessment as to whether I am a good fit for the position my employer wishes to have me take up in the Netherlands and will have me fulfil. In the Netherlands, the verification is conducted by the Netherlands Labour Authority. UWV will therefore share your data with this authority.  I can revoke my consent at any time. | | | | | | | |  |
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|  |  | 2 | |  | | Your personal details | | | | | | | |  |
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|  |  | | |  | | *Use the names as listed in your passport.* | | | | | | | |  |
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| 2.1 | Initials and family name | | |  | |  | | | | | | | |  |
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| 2.2 | Address | | |  | |  | | | | | | | |  |
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| 2.3 | Postcode and place | | |  | |  | | |  |  | | | |  |
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| 2.4 | Country | | |  | |  | | | | | | | |  |
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| 2.5 | Date of birth | | |  | |  | | | | |  | | |  |
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| 2.6 | Nationality | | |  | |  | | | | | | | |  |
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|  |  | 3 | |  | | Signature for my consent to use my data | | | | | | | |  |
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|  | Date and signature | | |  | |  | | | | | |  |  |  |
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