



RIZAL TECHNOLOGICAL UNIVERSITY
 CITIES OF MANDALUYONG AND PASIG
 (02) 8534-82-67; 8534-96-90; 8534-96-51; 8534-82-74; 8534-82-75
GUIDANCE AND COUNSELING SERVICES CENTER

**Attach your recent 2x2
 picture with blue
 background.**

**Use GLUE ONLY.
 Do not staple.**

INDIVIDUAL INVENTORY FORM

DISCLAIMER

The information provided are true and accurate to the best of your knowledge. You also agree that the information provided herewith, was prepared on your own free will, freely and voluntarily without any inducement, assurance or guarantee being made. You hereby attest to the completeness and accuracy of all the information you have given.

Further, you are also allowing the University to use and release the information for legitimate purposes. Likewise, you permit the University to release information only to authorized personnel for the above stated purpose in accordance with the Data Privacy Policy of the University. You are aware that any act of dishonesty or falsification will lead to forfeiture of your application or dismissal from this University. The institution may also take further legal steps against fraudulent actions if the situation demands.

COURSE :

Please fill up the following information below. Rest assured that all information will be treated with confidentiality. Thank you for your cooperation.

PERSONAL INFORMATION:

NAME: (LAST NAME, FIRST NAME MIDDLE NAME)

NICKNAME:

PRESENT ADDRESS:

PROVINCIAL ADDRESS:

DATE OF BIRTH:

PLACE OF BIRTH:

BIRTH ORDER:

NUMBER OF SIBLINGS:

AGE:

GENDER:

CIVIL STATUS:

RELIGION:

NATIONALITY:

HOME PHONE NO.:

MOBILE NO.:

EMAIL ADD:

WEIGHT:

HEIGHT:

BLOOD TYPE:

HOBBIES / INTEREST:

TALENTS:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

RELATIONSHIP:

ADDRESS:

CONTACT NO.:

FAMILY BACKGROUND:

FATHER:

MOTHER:

NAME:

AGE:

HIGHEST EDUCATIONAL ATTAINMENT:

OCCUPATION:

AVERAGE INCOME PER MONTH:

CONTACT NUMBER/S:

STATUS OF PARENTS:

MARRIED & LIVING TOGETHER

LEGALLY SEPARATED

LIVING IN (NOT MARRIED)

MOTHER (WIDOW)

FATHER (WIDOWER)

SEPARATED [] *Father is with another family* [] *Mother is with another family*

ACADEMIC INFORMATION:

LEVEL	NAME OF SCHOOL	YEAR GRADUATED	AWARDS RECEIVED
ELEMENTARY:			
JUNIOR HIGH SCHOOL:			
SENIOR HIGH SCHOOL: TRACK: _____ STRAND: _____			

Subjects interested to:

Organization Membership:

How is your studies financed?

Is your present course / program your personal choice? YES NO

If NO,

A. Who influenced you?

B. How do you feel about the course not being your first choice?

C. What is your personal choice?

Why did you choose to enroll in RTU?

<input type="checkbox"/> Quality education	<input type="checkbox"/> Free tuition fee	<input type="checkbox"/> Competitive Faculty Members
<input type="checkbox"/> Good facilities	<input type="checkbox"/> Proximity and accessibility	<input type="checkbox"/> Performance in the licensure examination
<input type="checkbox"/> Recommended by friends, relatives, etc.	<input type="checkbox"/> Good reputation	<input type="checkbox"/> Others, please specify:

What other school do you consider?

<input type="checkbox"/> JRU	<input type="checkbox"/> PUP	<input type="checkbox"/> UMAK	<input type="checkbox"/> STI	<input type="checkbox"/> AMA	<input type="checkbox"/> ABE
<input type="checkbox"/> EARIST	<input type="checkbox"/> ARELLANO	<input type="checkbox"/> PNU	<input type="checkbox"/> Others, please specify:		

BEHAVIOR INFORMATION:

Check if you ever experience the following concerns:	When did it happen?	Does it still bothering you?
<input type="checkbox"/> Bullying		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Suicidal thoughts		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Suicidal attempts		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Panic attacks		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Anxiety		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Depression		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Self / Anger Management Issues		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Recurring negative thoughts		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Low self-esteem		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Poor study habits		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Poor in decision making		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Impulsivity		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Poor sleeping habits		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Loss of appetite		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Over-eating		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Poor hygiene		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Withdrawal / Isolation		<input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> Family problem		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Other relationship problems		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Alcohol addiction		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Gambling addiction		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Drug addiction		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Computer addiction		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Sexual harassment		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Sexual abuse		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Physical abuse		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Verbal abuse		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Pre-marital sex		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Teenage pregnancy		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Abortion		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Extra marital affairs		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PREVIOUS PSYCHOLOGICAL CONSULTATIONS

Have you consulted a PSYCHIATRIST before? YES NO

If YES, for what reason? _____ When? _____

Have you consulted a PSYCHOLOGIST before? YES NO

If YES, for what reason? _____ When? _____

Have you consulted a COUNSELOR before? YES NO

If YES, for what reason? _____ When? _____

PERSONAL DESCRIPTION (Tell something about yourself)

DATA PRIVACY CONSENT

By accepting this Data Privacy Statement, I (as “Data Subject”) grant my free, voluntary and unconditional consent to the collection and processing of all Personal Data to the information database system of the Rizal Technological University by whatever means in accordance with Republic Act (R.A.) 10173, otherwise known as the “Data Privacy Act of 2012” of the Republic of the Philippines, including its Implementing Rules and Regulations (IRR) as well as all other guidelines and issuances by the National Privacy Commission (NPC). I also consent to the following:

1. The University may collect personal data during my application for admission purposes.
2. My personal information can be accessed and used only by authorized personnel and officials connected to the University for legitimate purposes only.
3. The University may share or disclose some of my personal information to others in its process to deliver necessary services for the stakeholders and the institution, including but not limited to:
 - a) web posting of the RTU-College Admission Test (RTU-CAT) results.
 - b) web posting of Room Assignments for RTU-CAT.
 - c) web posting pertinent to admission and enrolment.
 - d) sharing information for accreditation purposes (Accrediting Agency of Chartered Colleges and Universities in the Philippines (AACUP).
 - e) conducting research or surveys for purposes of institutional development.
 - f) all guidance and counseling-related functions and services.
 - g) other legitimate processes of the University.

I hereby declare that all the information provided during my application are true and accurate to the best of my knowledge. I hereby attest to the completeness and accuracy of all the information that I have provided.

I am fully aware that any false information provided may lead to my automatic dismissal and I will comply with all the terms and conditions set by your University.

SIGNATURE OVER PRINTED NAME

RIZAL TECHNOLOGICAL UNIVERSITY

DATE ACCOMPLISHED

EFFECTIVITY: SEPTEMBER 1, 2015

REV=0