



Application Form

This confidential Application Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at Ruby Institute are required by law to protect the information provided on this Application Form. More information about privacy is included in the notice at the end of this form.

Once completed, please email the Application Form and Application Assessment Form, along with all supporting documents, to the Admissions team by emailing admissions@ruby.vic.edu.au

Application for Enrolment	
Which course would you like to enroll into?	<input type="checkbox"/> BSB40820 Certificate IV in Marketing and Communication <input type="checkbox"/> BSB50620 Diploma of Marketing and Communication <input type="checkbox"/> BSB60520 Advanced Diploma of Marketing and Communication <input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management <input type="checkbox"/> General English - Beginner to Advanced _____ Weeks (Day Class) <input type="checkbox"/> General English - Beginner to Advanced _____ Weeks (Evening/Night Class)
Preferred start date:	<input type="checkbox"/> As soon as possible <input type="checkbox"/> From: ____ / ____ / ____
Have you ever studied with Ruby Institute before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Credit ? If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information
Do you wish to apply for Recognition of Prior Learning ? If you indicate YES, you will be contacted to discuss this further.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information
Do you require Overseas Student Health Cover (OSHC) ? If you indicate NO, please provide a copy of your health insurance card/verification letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you holding an Australian visa currently? If you indicate YES, please provide a copy of your visa.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Details	
1. Enter your full name*	
Surname:	
Given names:	
* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI, see section on the USI at the end of this form.	
2. Date of Birth	Day/Month/Year:
3. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
4. Enter your contact details	
Home phone:	() Work phone: ()
Mobile:	
Email address:	
Alternative email address (optional)	
5. What is the address of your usual residence? <i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.</i>	
Flat/unit details:	Street or Lot Number (e.g. 205 or Lot 118):



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Personal Details			
Street name:			
Suburb, locality or town:			
State/territory:		Postcode:	

Next of kin/ emergency contact			
These are people that Ruby Institute may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Ruby Institute.			
Name:		Relationship to you:	
Address:			
Home phone:	()	Work:	()
Mobile:		Email:	

Language and cultural diversity	
6. In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
7. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other, please specify: _____
8. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Disability		
9. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>go to question 11</i>	
10. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: <i>You may indicate more than one area) Please refer to the Disability supplement at the back of this form for an explanation of the following disabilities.</i>		
<input type="checkbox"/> Hearing/deaf [11]	<input type="checkbox"/> Physical [12]	<input type="checkbox"/> Intellectual [13]
<input type="checkbox"/> Learning [14]	<input type="checkbox"/> Mental Illness [15]	<input type="checkbox"/> Acquired brain impairment [16]
<input type="checkbox"/> Vision [17]	<input type="checkbox"/> Medical Condition [18]	<input type="checkbox"/> Other [19]

Qualifications		
11. What is your highest COMPLETED qualification level		
<input type="checkbox"/> Postgraduate (Doctoral, Masters, Graduate Diploma) _____ _____	<input type="checkbox"/> Undergraduate (Bachelor, Associate Degree, Advanced Dip., Dip) _____ _____	<input type="checkbox"/> Secondary (Year 12, Year 11) <input type="checkbox"/> Other
12. Are you still enrolled in secondary or senior secondary education?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Employment

13. Of the following categories, which BEST describes your current employment status? (Tick one box only)
For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- | | | |
|--|--|---|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self-employed – not employing others |
| <input type="checkbox"/> Self-employed – employing others | <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Unemployed – seeking part-time work | <input type="checkbox"/> Not employed – not seeking employment | |

Study reason

14. Of the following categories, select the one which BEST describes your main reason for undertaking this course? (Tick one box only)

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons |

Victorian Student Number *To be completed by all Victorian students aged up to 24 years*

A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

15. Enter your Victorian Student Number (VSN)

16. Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

Yes - I have attended a Victorian school since 2009 Most recent Victorian school attended:

Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011 List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)

1. _____

2. _____

3. _____

Unique Student Identifier (USI)

From 1 January 2015, Ruby Institute can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI).

If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

17. Enter your Unique Student Identifier



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PRIVACY NOTICE

Under the Data Provision Requirements 2012, Ruby Institute is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Ruby Institute for statistical, regulatory and research purposes. Ruby Institute may disclose your personal information for these purposes to third parties, including: remove if these aren't applicable to your RTO

- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

Student Declaration and Consent			
<input type="checkbox"/> I declare that the information I have provided to the best of my knowledge is true and correct.			
<input type="checkbox"/> I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.			
Student Signature:		Date:	/ /
Student Name:			

Application Checklist
Provide a copy of the following documents with your application: Please tick those that you are providing.
<input type="checkbox"/> Valid passport copy
<input type="checkbox"/> Valid visa (if applicable)
<input type="checkbox"/> High School certificate or other relevant certificates
<input type="checkbox"/> Proof of English Language Proficiency
<input type="checkbox"/> Evidence of OSHC (if applicable)
<input type="checkbox"/> Any other relevant documents to support your application e.g. resume



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DISABILITY SUPPLEMENT

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.



Application Assessment Form

This form is to be completed for each applicant as part of the application processes with Ruby Institute and must be submitted with the *Application Form*. Please ensure all questions were discussed with the applicant, with the responses accurately recorded.

This form may be completed by a staff member of Ruby Institute, or a representative education agent with a signed written agreement with Ruby Institute.

Applicant Details			
Applicant Name:		Date of Birth:	
Phone:	()	Email:	
1. What course are you interested in enrolling in?			
<input type="checkbox"/> BSB40820 Certificate IV in Marketing and Communication <input type="checkbox"/> BSB50620 Diploma of Marketing and Communication <input type="checkbox"/> BSB60520 Advanced Diploma of Marketing and Communication <input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management <input type="checkbox"/> 0000382 General English - Beginner to Advanced			
2. What interests you in this course/ what job outcomes are you hoping to have as a result of this training?			
FOR VET ONLY (ELICOS STUDENTS PLEASE JUMP TO Q.6)			
3. Have you ever worked in the industry in which you are seeking training in? This will help us determine if RPL is a suitable option for you?			
<input type="checkbox"/> Yes - <i>please outline your role, when you worked in the industry and how long for, is this role current?</i> _____			
<input type="checkbox"/> No			
4. Have you completed any study relevant to this area previously? This will help us determine any potential credits you may be eligible for.			
<input type="checkbox"/> Yes - <i>please outline what study you participated in:</i> _____			
<input type="checkbox"/> No			



Application Assessment Form

5. For Marketing and Communication Applicants Only. Please select from the following to indicate where you obtained previous experience or exposure to elements of the marketing industry. Tick as many as apply.

Through:

- Work placement
- Paid or unpaid work
- Volunteer/charitable work
- School/ Community promotions
- Relevant short or unaccredited marketing courses or seminars

Other:

6. What is your learning style and how do you like to learn? NOTE: You may also learn best through a combination of methods or through options not listed above. Those listed have been provided as examples.

- Visual – Learn best through pictures, diagrams, watching etc.
- Hands on – Learn best through practicing, role plays, simulations etc.
- Reading – Learn best through research, reviewing text books, reading notes etc.

Other:

7. What learning materials and strategies will assist you to learn best? Tick as many as apply.

- Textbooks that I can read and refer to in my own time
- PowerPoints and handouts explained to me during classes
- Pictures and diagrams
- Group discussions with others
- Online materials that I can access and complete when I need to
- Conducting my own research
- Practical application of skills and knowledge in a workplace or similar
- Working through real examples such as a case study or scenario

Other (please explain):



Application Assessment Form

8. What support do you think you will need in order to complete this course successfully?

- English language support
- Reading support
- Writing support
- Study support
- One-on-one guidance with a trainer/assessor
- Additional resources

Other:

9. Do you have regular access to a computer and internet?

- Yes No

If No, discuss solutions and strategies for accessing online content when needed and document here.

10. Please tick on the following if you are aware of the fees involved with this course.

- Fee amount discussed (tuition/ application/ material)
- Payment plan discussed (if applicable)

11. Please tick if you are familiar with the following policy and procedures.

- Fees and refund
- Complaints and appeals
- Deferral, suspension and cancellation

12. Have you had a visa application refused by the Department of Home Affairs?

- Yes No

If Yes, please explain.



Application Assessment Form

Agent/ Staff Declaration

- I have discussed the entry requirements per current Course Outline, including any evidence required.

Following discussion with the above student and review of the answers above, I am providing the following recommendation:

Applicant meets suitability requirements for the applying course.

- Yes
 No

Education Agent			
Staff		Date	
Signature			

Ruby Institute

Staff		Position	
Signature		Date	