

# Owner Builder Course NSW

## ENROLMENT FORM – Online OR Hard Copy Version

(Course in Owner Builder Compliance 91509NSW)

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and send to us with your payment. For any questions and assistance with your enrolment, or to pay the course fee by credit card, call us Mon to Fri on 1300 884 876.

Part A - Personal Details – each student must complete a SEPARATE Enrolment Form				BCN
First Name:				
Middle Name(s):				
Last Name:				
<b>NOTE: To ensure your Certificate is correctly issued your FULL name must be filled in above as it is recorded on your Property's Title Deed.</b>				
Address / Street:				
Suburb / Town:	State:	Postcode:		
Daytime Delivery Address and / or Instructions :				
Phone (daytime):	( 0 )	Fax:	( 0 )	
Mobile:	Date of Birth:	(dd / mm / yyyy)		
Email:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Emergency contact person:	Phone:			
Were you born in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'No', which country were you born in?				
Are you an Australian citizen or permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes' what other language do you speak?				
How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all			
Do you have a disability, impairment or long-term medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes' please tick one of the options below:				
<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Medical Condition : _____				
<input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Other : _____				
Is there anything that may prevent you from progressing through this training and assessment program? (for example – anything related to your physical ability, cultural background or educational background)				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes' please explain: _____				

All training and assessment services are provided by Absolute Education Pty Ltd (NTIS 91521)

A Marketing Partner :-  
 The Building Centre Network A.B.N 57 174 102 507  
 P.O. Box 33, Strawberry Hills NSW 2012  
 PH: 1300 884 876  
 FAX: 1300 884 256  
 EMAIL: courses@buildingcentre.com.au  
 WEBSITE: www.buildingcentre.com.au/courses



What is your highest grade of schooling or equivalent?:

- Year 12     Year 10     Year 9     Lower

Year completed highest grade of schooling or equivalent? \_\_\_\_\_

Have you successfully completed any of the following?:

- Bachelor Degree or Higher     Diploma or Associate Diploma     Certificate IV or Advanced Certificate  
 Certificate III or Trade Certificate     Certificate II     Certificate I     Other

Which of the following best describes your employment status?:

- Employed full time by someone else     Employed part time or casual by someone else  
 Self employed – not employing other people     Employer – someone who employs other people  
 Unemployed – looking for full time work     Unemployed – looking for part time work  
 Not employed – not looking for employment

## Part B - Course Details

The Unit of Competency *CPCCOHS1001A Work safely in the construction industry* is a **PRE-REQUISITE** to commencing the 91509NSW Course in Owner Builder Compliance.

**By law, this Unit MUST be completed in a 6 hour face-to-face training session, and it MUST be completed beforehand or as part of the new Course.**

Have you previously completed the Unit of Competency *CPCCOHS1001A Work Safely in the Construction Industry*? (This OHS Unit is sometimes known as the 'White Card' or 'General Construction Induction Training')

- YES - You will need to provide us a copy of either your Certificate or White Card before commencing the Course, ideally when enrolling.  
 NO – I will arrange it.  
 NO – Please help us to arrange it

The OHS Unit costs approximately \$100 per student to complete, and you will need to provide 100 points of identification beforehand e.g. Passport (70 points) or Driver's Licence (40 points) or Medicare Card (25 points) or Credit Card (25 points)

- in Sydney - We can enrol you on the day of your choice, Monday to Saturday in the Express CBD OHS Course Sydney.  
 in a Regional area close to where you live? For Regional area, specify location: \_\_\_\_\_

- \$369.00 – Hard Copy - Correspondence Course  
(Receive 600+ Page Course Booklet - Delivered)

- SPECIAL OF THE MONTH OFFER**  
\$189.00 – Download - On Line Course  
(Download 600+ Page PDF Version)

Do you wish to apply for Recognised Prior Learning exemption(s) ?     NO     YES

Note: If you tick 'YES', we will assess your prior learning qualifications or experience to determine whether we are able to recognise such learning and provide you with an exemption from part of the Course. The fee for this process remains the same as above.

### Disclaimer

All training and assessment services in relation to the accredited course 91509NSW Course in Owner Builder Compliance (including the unit of competency CPCCOHS1001 Work safely in the construction industry) are provided by Absolute Education Pty Ltd A.B.N 12 110 570 851 (NTIS 9152) ("AE"), a Registered Training Organisation (RTO) under the under the *Vocational Training and Education Act 2005 (NSW)*.

I declare that the information I supplied on this form is correct and complete. I have read and fully understand the Terms and Conditions of enrolment and the Student Handbook (including the cancellation, withdrawal, course transfer and refund policy). I understand that AE reserves the right to discontinue or alter any course, subject, fee, admission requirement, staffing and other arrangements without prior notice. If any program is cancelled and/or offered, AE will refund all program money in accordance with its Refund Policy.

Sign: 

Date:        /        / 201

The Building Centre Network A.B.N 57 174 102 507  
P.O. Box 33, Strawberry Hills NSW 2012  
PH: 1300 884 876  
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EMAIL: [courses@buildingcentre.com.au](mailto:courses@buildingcentre.com.au)  
WEBSITE: [www.buildingcentre.com.au/courses](http://www.buildingcentre.com.au/courses)



## Part C - Payment Details

Note: **Please send us all THREE PAGES of this form with payment and a copy of your photo I.D.**

Cheque / Money Order (enclosed) – Please make payable to **The Building Centre Network.**  
then visit or post to **P.O. Box 33, Strawberry Hills NSW 2010**

Electronic Funds Transfer (EFT)  
The Building Centre Network  
Commonwealth Bank of Australia (CBA) BSB: **062 - 198** Account No: **1052 0936** made on \_\_\_\_ / \_\_\_\_ / 201 \_\_\_\_  
(In your EFT payment, please make the Reference : OBNSW COR + SURNAME and advise by fax 1300 884 256 or email: [accounts@buildingcentre.com](mailto:accounts@buildingcentre.com))

Credit Card - VISA and Mastercard accepted. Date: \_\_\_\_ / \_\_\_\_ / 201 \_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiry Date: \_\_\_\_ / \_\_\_\_

CCV Number in the back \_\_\_\_ Please Debit : \$ --- 00 Signed: ũ

## What is included in the Correspondence Course?

- ũ All Course Materials (5 Modules) + Assessments
- ũ You will receive unlimited telephone support anytime throughout your entire course & project
- ũ You can work at your own pace, taking as long as required to understand and complete the Course Assessments
- ũ For both versions of the correspondence course, you can complete the course assessments online
- ũ You will receive Microsoft Excel Spreadsheet templates for Expenses & Building Calculators to help keep you organised for your project

## We are planning to build :

- A New Home Proposed Roof Type: \_\_\_\_\_
- An Extension Existing Roof Type: \_\_\_\_\_ Extension's Roof Type: \_\_\_\_\_  A Renovation Existing Roof Type: \_\_\_\_\_ Replacement Roof Type: \_\_\_\_\_  A Garage Proposed Roof Type: \_\_\_\_\_
- Swimming Pool
- Other Project - Proposed Roof Type: (if applicable) \_\_\_\_\_

## Will your project include :

- A new kitchen ?  Yes  No
- A new bathroom(s) ?  Yes  No
- Air Conditioning ?  Yes  No

We plan to commence: \_\_\_\_\_

Our Building Site: (Street or Lot) \_\_\_\_\_

(Suburb) \_\_\_\_\_ (State) \_\_\_\_\_ (Post Code) \_\_\_\_\_

Please do not add me to your "What's New" eNewsletter.

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