

Owner Builder Course NSW

ENROLMENT FORM – Workshop Course

(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:					
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.					
Address / Street:					
Suburb / Town:		State:		Postcode:	
Postal Address: (if different to above)					
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 listed Registered Training Organisations

Marketing :
 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



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
- 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: _____

The OHS Unit costs approximately \$110 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)

PLEASE ENROL ME IN YOUR 3 DAY WORKSHOP COURSE (Face-to-face based training)

Select Course	Course Venue	Course Dates	Course Fee
<input type="checkbox"/>	D'Albora Marina, 138 Cabarita Road, Cabarita NSW 2137 Course Provider: Rapid Training Solutions	Day 1: 7 th NOV 2011 Day 2: 14 th NOV 2011 Day 3: 21 st NOV 2011	\$595.00

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 one of the listed Registered Training Organisation (RTO) under the under the *Vocational Training and Education Act 2005 (NSW)*: Rapid Training Solutions RTO 91487 VETAB 432280

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 the RTO 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, the RTO 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
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PH: 1300 884 876
FAX: 1300 884 256
EMAIL: courses@buildingcentre.com.au
WEBSITE: www.buildingcentre.com.au/courses



Part C - Payment Details

Cheque / Money Order (enclosed)

Payable to: The Building Centre Network.

Then visit or post to: P.O. Box 33, Strawberry Hills NSW 2012

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+ SURNAME and advise by fax 1300 884 256 or email: accounts@buildingcentre.com.au)

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

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.