

Owner Builder Course VIC

ENROLMENT FORM – Workshop Course

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 – ATTENDEE #1

| | | | | | |
|-------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|-------------------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Dr | <input type="checkbox"/> Prof |
| First Name: | | | | | |
| Middle Name(s): | | | | | |
| Last Name: | | | | | |
| Address / Street: | | | | | |
| Suburb / Town: | | State: | | Postcode: | |
| Phone (daytime): | (0) | Mobile: | (0) | | |
| Email: | | | | | |

Personal Details – ATTENDEE #2 (For Couple Bookings Only)

| | | | | | |
|-----------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|-------------------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Dr | <input type="checkbox"/> Prof |
| First Name: | | | | | |
| Middle Name(s): | | | | | |
| Last Name: | | | | | |

Part B - Course Details

| Course | Outline | Commencement Date | Duration | Fee (Inc GST) |
|----------------|-----------------------------------------------|--------------------|----------|----------------------------------------------------------------------------------------|
| Owner Building | Includes ALL 5 Modules (See modules below) | ____ / ____ / ____ | 15hrs | <input type="checkbox"/> \$330 per person <input type="checkbox"/> \$440 per couple |
| | | | TOTAL \$ | |

| Module | Course Outline | Duration |
|------------|------------------------------------------------------------------------------------------|----------|
| Module 1.1 | Design Check (Including 5 Star Energy Rating explanation) | 3 hrs |
| Module 1.2 | Estimating, Cost Control, Occupational Health & Safety | 3hrs |
| Module 1.3 | Off Site Co-Ordination, Administration of Onsite Supervision, Planning & Permits | 3 hrs |
| Module 1.4 | Specification Part A – Preliminaries, Contracts & Insurances, Kitchen design | 3 hrs |
| Module 1.5 | Specification Part B – Materials & System Identification, Product & Material Information | 3 hrs |

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 C – Conditions of Enrolment

The course provider reserves the right to cancel, postpone or re-schedule a course due to low enrolments, illness of presenter(s), or facilitator(s), or due to unforeseen circumstances.

If you cancel your enrolment more than seven (7) days before the course commences, we will refund your course fee minus a \$44.00 administration fee (non-refundable). This policy also applies to any booking cancelled on the day it was originally made.

If you cancel your enrolment less than seven (7) days before the course commences, but not on the day of the course, we will refund your course fee minus a \$85.00 cancellation fee.

If you cancel your enrolment on the day of the course, we reserve the right not to refund your booking fee.

If you transfer to another course date before the original course commences, no transfer fee will apply and you will be transferred provided that there are spaces available.

Part D - 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 : OBVIC+ 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: 