

Owner Builder + Building Block Courses Victoria. COURSE REGISTRATION FORM



Please carefully complete this form to enrol into this Owner Builder course. If you have any questions, call us on 1300 884 876 Thank you, The Building Centre Network.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and then ..

Post to The Building Centre Suite 209, 410 Elizabeth St Surry Hills NSW 2010 Australia Ready for use with a window faced envelope	OR Fax to 1300 884 256 or +61 2 8303 0533	OR Scan & Email to courses@buildingcentre.com
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Owner Builder Course Victoria

Course	Course Outline	Date	For	Fee (inc. GST)
q Owner Building 1.0	Includes ALL the Modules below	commencing ____ / ____ / ____	15hrs	q \$300 per person q \$400 per couple

Building Block Short Courses (Module 2.1 or Modules 2.2 & 2.3 or Modules 2.4 & 2.5), Victoria

Course	Course Outline	Date	For	Fee (inc. GST)
q Module 2.1	Design Check (Including 5 Star Energy Rating explanation)	____ / ____ / ____ 18:00pm – 21:00pm	3hrs	q \$60 per person q \$80 per couple
q	Module 2.2 Estimating, Cost Control, Occupational Health & Safety	____ / ____ / ____ 18:00pm – 21:00pm	3hrs	q \$145 per person q \$190 per couple Building Block Modules 2.2 & 2.3 are combined as one course
	Module 2.3 Off Site Co-Ordination, Administration of Onsite Supervision, Planning & Permits	____ / ____ / ____ 18:00pm – 21:00pm	3hrs	
q	Module 2.4 Specification A – Preliminaries, Contracts & Insurances, Kitchen design (Note: Specification B commences – see below)	____ / ____ / ____ 18:00pm – 21:00pm	3hrs	q \$145 per person q \$190 per couple Building Block Modules 2.4 & 2.5 are combined as one course
	Module 2.5 Specification B continues – Materials & System Identification, Product & Material Information	____ / ____ / ____ 18:00pm – 21:00pm	3hrs	
			Total	\$

Owner Builder Insurance

q YES Please send a quotation for OB Construction & Public Liability Insurance, based on the completed form on page 3.

q YES Please send a quotation for OB Personal Accident & Volunteer Workers Insurance, based on the completed form on pages 4 & 5.

Attendee Details

#1 Title: _____ First name: _____ Middle name: _____ Last name: _____

#2 Title: _____ First name: _____ Middle name: _____ Last name: _____

Postal Address: _____ Suburb: _____ State: _____ Postcode: _____

Phone (H): (____) _____ Phone (W): (____) _____ Fax: (____) _____

Mobile: _____ Email^{#.#} for confirmation _____

Conditions of enrolment <<<

All courses are subject to minimum attendance levels and the Server Provider reserves the right to cancel or postpone any of its short courses. Payment in full is required prior to attending any course. Withdrawal requires one week notice to receive a full refund; otherwise a 10% fee applies. Credit can be given for the same course at a later date. Particular modules can be deferred to a later course. 'Couples' bookings are for one 'joint project' only.

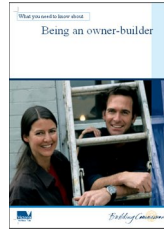
Payment Details >> Please complete details on next page >>

OFFICE USE: **q** Received & processed by _____ Date: _____

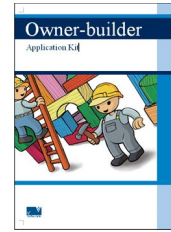
which *free* bonus booklets you would like as an enrollee in complete Owner Builder Course.



'The Guide to Standards & Tolerances 2007'



'Being an Owner Builder'



'Owner Builder Application Kit'

Payment Details – Please treat this as a Tax Invoice (ABN 57 174 102 507)

Cheque / Money Order (enclosed). Please make payable to The Building Centre Network

EFT[^] payment to The Building Centre Network, CBA BSB: 062-198 Account#: 1052 0936 made on ____/____/____

[^] Please included the Tax Invoice Number in your EFT payment + advise us by fax 02 8303 0533 or email: accounts@buildingcentre.com

Credit card

Payment and Credit card Authority:

Please debit my / our: Visa Card ID ____ (on back) MasterCard ID ____ (on back) Am Ex ID ____ (on front)

Card No: _____ Expiry date: ____/____

Name on Card: _____ Amount: \$ _____ -

Signed on behalf of the company by: _____ Date: _____

Please print your name: _____ Position: _____

[This page will be shredded on processing of your Credit Card]

Owner Builder Construction & Public Liability INSURANCE QUOTE FORM

for ACT, NSW, QLD, SA, TAS, VIC, WA

The Building Centre can assist you with obtaining Owner Builder Construction and Public Liability Insurance for your planned project. Below is information needed to provide an obligation-free insurance premium quotation from our Service Provider that is specific to your project. Call 1300 884 876 if you have any questions.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and then send to us.

Post

Fax

Scan & Email

The Building Centre
Suite 209, 410 Elizabeth St
Surry Hills NSW 2010 Australia

OR

1300 884 256
or
+61 2 8303 0533

OR

insurance@buildingcentre.com

Ready for use with a window faced envelope

Details of the Owner Builder

Title: _____ First name: _____ Surname: _____

Postal Address: _____ Suburb: _____ State: _____ Postcode: _____

Building Site Address: _____ Suburb: _____ State: _____ Postcode: _____
(if different from Postal Address)

Contact Details

Phone (H): (_____) _____ Phone (W): (_____) _____ Fax: (_____) _____

Mobile: _____ Email: _____

Project Details

1) Project type: NEW HOME RENOVATION EXTENTION Garage Pool Other _____

2) Roof type on: a) EXISTING HOME _____ b) PROPOSED NEW HOME or EXTENSION _____

3) Total replacement cost of work to be carried out (Builder's cost): \$ _____

4) Limit of Public Liability Protection required: \$5m \$10m

5) Please give brief description of the works to be done: _____

6) Have works commenced? YES / NO

NO – Expected Start Date for Construction (dd/mm/yy): _____/_____/_____

YES - What's been done so far?: _____

7) Any Excavations more than 2 meters deep? NO

YES - please provide reason: _____

8) Any work on or near water? NO

YES – Provide details? _____

9) If renovating an Existing Home:

\$ How old is the existing dwelling? _____ years

\$ Replacement cost of the existing structure: \$ _____

\$ Are there any heritage listings/overlays? YES NO

\$ Is existing structure freestanding? YES NO

\$ Building Contents Cost? \$ _____

\$ Any re-stumping of the existing structure? YES NO

How will the contents be secured? _____

10) Home Protection Insurance?

Have you received written confirmation that your existing 'Home + Contents' Policy will remain valid when building works commence?

Yes, both the existing building and contents will remain covered.

Name of Household Insurer: _____

No, it will not be covered, so please send me a quotation for Home Protection Insurance during my renovation or extension.

Details on our services can be seen at :

www.buildingcentre.com & www.showrooms.com.au

Proudly brought to you



Owner Builder Personal Accident and Volunteer Workers Group Insurance QUOTATION FORM

Available in all States & Territories

The Building Centre can assist you with obtaining Owner Builder Personal Accident and Volunteer Workers Group Insurance for your planned project. This insurance is available to provide cover if you or your spouse or friends ("Volunteer Workers") are planning to help by actually being involved in non-licensed building work, helping or labouring on the site of your project without receiving any payment. Below is information needed to provide an obligation-free insurance premium quotation from our Service Provider that is specific to you and your project. Call 1300 884 876 if you have any questions. When completing this form, please provide detailed information.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, then send to.

Post		Fax		Scan & Email
The Building Centre Suite 209, 410 Elizabeth St Surry Hills NSW 2010 Australia	OR	1300 884 256 or +61 2 8303 0533	OR	insurance@buildingcentre.com
Ready for use with a window faced envelope				

Details of the Proposer (Role of the Proposer: Owner Builder)

Title: _____ First + Middle Names: _____ Surname: _____

Postal Address: _____ Suburb: _____ State: _____ Postcode: _____

Building Site Address: _____ Suburb: _____ State: _____ Postcode: _____
(if different from Postal Address)

Period of Insurance required (dates dd-mm-yyyy): From: _____ - _____ - 20_____ To: 4pm on : _____ - _____ - 20_____

Contact Details

Phone (H): () _____ Phone (W): () _____ Fax: () _____

Mobile: _____ Email: _____

Other Details

- 1) Project type: NEW HOME RENOVATION EXTENTION Other _____
- 2) Cover for how many Volunteer Workers? up to 10 Greater than 10, please specify number? _____
- 3) How many Volunteer Workers at any one time? up to 10 Greater than 10, please specify number? _____
- 4) Occupation: Building Project.
- 5) Total replacement cost of work to be carried out (Builder's cost): \$ _____
- 6) Have you ever made an insurance claim under any accident or sickness or travel policy ?
 NO YES - please provide dates and details BELOW and use separate sheets of paper if more space is needed :

I acknowledge that the Insurer will have no liability whatsoever until it accepts this application by issuing a Policy Schedule / Certificate and that is the Insured Person's duty to disclose any matter material to the Insurers decision whether to issue a Policy and what terms and conditions to offer continues until the Insurer has issued the Policy Schedule / Certificate.

NOTICE:

Your duty of disclosure.

Before you enter into a contract of general insurance with an insurer, you have a duty, under the *Insurance Contracts Act (1984)*, to disclose to the insurer every matter you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of matter:

- that diminishes, however, the risk to be undertaken by the insurer
- that is of common knowledge,
- that your insurer knows or, in the ordinary course of its business, ought to know,
- as to which compliance with your duty is waived by the insurer.

Non-disclosure.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

DECLARATION AND SIGNATURE :

I/ We confirm that the answers and statements in this proposal are correct and that no information has been supplied or withheld in breach of the duty of disclosure, which is set out above, nor have I/We misrepresented any information supplied to you, which could affect your acceptance of this proposal, all the terms of the policy.

The signature of Proposer:

Date: - - 20

SOME IMPORTANT INFORMATION ABOUT THE PROPOSED POLICY: GROUP ACCIDENT QUOTATION – VOLUNTARY WORKERS

Insured:	The declared owner builder and spouse and voluntary workers.
Insured Persons:	The owner builder & declared spouse are covered whilst performing such work at the specified principal domestic building project. Any Person carrying out work on the domestic building project at the situation specified, who does work without fee or reward or any expectation of any fee or reward
Scope of Cover:	Temporary Total Disablement arising as a result of an Accident. Accidental Death & Capital Benefits
Income Earners:	
Weekly Benefits:	75% of Salary up to a maximum of \$500 Week (whichever is the lesser)
Non Income Earners:	
Injury Assistance:	75% of actual expenses to a maximum of \$300 Week
Capital Benefits:	\$20,000 Events 1-17 (Refer policy wording when you receive it for full particulars or limits) (Event 2 permanent total disablement is replaced with quadriplegia and paraplegia only)
Waiting Period:	7 Day Waiting Period
Benefit Period:	26 Week Benefit Period
Age Limitations:	18 to 60 years
Wording:	AFA Group Voluntary Workers Wording
Security:	Underwriters at Lloyds

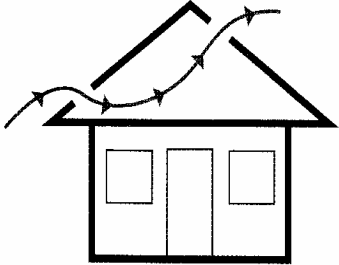




Insurance is important protection and peace of mind.
It is important to organise insurance that will give you
extremely effective cover, protection, security and service.

[i]nsuranceneeds
buildingcentre.com

We believe the policies that our Service Provider can organise a quotation, represent some of the best available for:
n Home Owners **n** Property Owners **n** Developers **n** Business Owners **n** Professionals (Architects, Designers, Engineers etc)
n Builders **n** Sub-Contractors **n** Tradesmen **n** Strata Bodies **n** Retirement Villages **n** Owner Builders

Call 1300 884 876 to speak with our Service Provider , or look up www.buildingcentre.com/insuranceneeds/

EVERY HOME SHOULD HAVE THESE:-

	<p>For your project, consider using the new 'smart and invisible' way keep your roof space and home cooler in Summer, and reduce condensation in Winter.</p> <p>Installed Tile on Roof</p>	
 <p>Terracotta or Concrete 'self-venting' Roof tile</p>		 <p>Corrugated 'self-venting' Roof Unit</p>

They are installed in pairs, and we can supply Australia wide. Call us on 1300 884 876 or look it up on www.buildingcentre.com/smartproducts/ .



High Performance turbo inspired 'draught + vermin blocker' Ducted Ventilation System. This is a well designed, resolved and manufactured complete 'high performance' ducted ceiling ventilation system. It has a unique integrated 'draught + vermin' blocking feature or 'wings', that automatically and effectively seals off the ducting, when it is not in operation.

Call us on 1300 884 876 or look it up on - www.buildingcentre.com/smartproducts/ .

Proudly brought to you

