**STRATA INSPECTION PANEL (SIP)**

**EXPRESSION OF INTEREST TO ATTEND AN UPCOMING WORKSHOP**

Please complete and return this form with the requested documentation to

Master Builders Legal:

* by email to legal@mbansw.asn.au, or
* by post to Private Bag 9, Broadway, NSW, 2007**.**

**A. PERSONAL & BUSINESS DETAILS**

|  |  |
| --- | --- |
| Master Builders ConsultantsMembership Number: |  |
| Full Name:  |   |  |  |
| Trading Name or Company Employed by: |  |
| Address: |  |  |  |  |  |
| Suburb: | SState: | Post Code: |  |
| Email:Business Telephone No: Mobile: |   |  |  |

**B. DETAILS OF EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Builder/Contractor Licence No:(*If applicable*)  |  | Expiry Date: |  |
| Professional Indemnity Insurance Policy No: |  | Expiry Date: |  |
| Limit of Cover: |  |  |  |

**C. ATTENDANCE CHECK LIST**

**Please return this completed form together with the following documentation to the Master Builders Legal and Contracts Department for application:**

 **YES NO**

1. Copy of Professional Indemnity Insurance (minimum cover $1million) attached.
2. Summary of your relevant experience in carrying out inspections on

Class 2 or 3 buildings for more than 5 years attached (*no more than 1 page)*

1. Have you satisfied yourself that you possess all of the following eligibility criteria:
* Carried inspections of Class 2 and 3 buildings
* Experience in carrying out inspections on Class 2 or 3 buildings for more than 5 years
* Familiarity with Australian Standards as applicable to Class 2 and 3 Buildings
* Familiarity with the NCC (BCA) Volume 1 as it applies to Class 2 and 3 Buildings
* Familiarity with the requirements of the *Home Building Act 1989 (NSW)*
* Familiarity with generating reports on computer
* Familiarity with working with other consultant disciplines

**D. OFFICE USE ONLY**

Date received: Membership Current: □ YES □ NO

□ Contractor Licence □ PI Insurance