

# CATHOLIC ARCHDIOCESE OF MELBOURNE

## PLANNING BUILDING AND FINANCE COMMITTEE

Architect / Building Consultant Register

### REGISTRATION FORM

1. Business Name : \_\_\_\_\_

2. Name of Contact Person/s: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Post Code : \_\_\_\_\_

4. Office Location Address: \_\_\_\_\_

5. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Category for which you wish to be registered *(you may tick more than one)*

Parish Projects < \$1,000,000

Parish Projects > \$1,000,000

School Projects < \$1,000,000

School Projects > \$1,000,000

Heritage / Conservation Projects / Sensitive Setting

8. Project Type  
*(You may tick more than one)*

*To assist us with short listing responses to request from planning groups please indicate the nature of projects you have undertaken or would be interested in undertaking.*

Church construction

Church refurbishment/extension

Elderly accommodation

Presbytery

Primary school

Secondary School (refurbishment)

Gymnasium, Hall or Multipurpose facility

Interior Design and / or Fit Out

General Purpose Buildings

Other (please specify) \_\_\_\_\_

9. Do you agree to adopt the RCTC Building Design Services Agreement, without any amendments, as the form of engagement? Yes  No

10. Do you agree to adopt all Diocesan and Catholic Education Office Project requirements and procedures? Yes  No

11. Please specify an indicative fee for preparation of a master plan

Parish Project \_\_\_\_\_

Primary School Setting \_\_\_\_\_

Secondary School Setting \_\_\_\_\_

12. Please specify indicative fee as a percentage of the cost of works for full building services in accordance with the RCTC Building Design Services Agreement.

<u>Cost of Works</u>	<u>Fee as %</u>
< \$1,000,000	_____
\$1,000,000 to \$5,000,000	_____
>\$5,000,000	_____

13. Referees

*Please include the name of two referees who can attest to the content of this form*

*(At least one referee should be able to address the issues associated with projects sympathetic to the ethos of the Catholic Archdiocese of Melbourne)*

(i) Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_  
Organisation: \_\_\_\_\_

(ii) Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_  
Organisation: \_\_\_\_\_

14. Name of person completing this form: \_\_\_\_\_

Position held in Organisation: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_