

- This report is to be prepared by the Building Contract Review Program (BCRP) Service Provider on completion by the Builder of the project in the BCRP.
- The report should be forwarded to the Builder and Scheme Agent.
- The report is to be referred to by the Scheme Agent when reviewing the conditions of the Builder's Eligibility for insurance under the HBCF (e.g. the requirement to participate in the BCRP).
- The HBCF may contact the Builder directly to request feedback on the BCRP.

HBCF Building Contract Review Program (BCRP)

1. Builder and site details

Builder's name (i.e the legal name under which you contract and as shown on your builder's licence)	Builder's licence number	
<input type="text"/>	<input type="text"/>	
Building site address		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text" value="NSW"/>	<input type="text"/>
Project description	Contract price (inc GST)	
<input type="text"/>	<input type="text"/>	
Builder's broker	Builder's reference (if any)	Broker contact person
<input type="text"/>	<input type="text"/>	<input type="text"/>
Broker telephone	Broker email	
<input type="text"/>	<input type="text"/>	

2. BCRP service provider details

BCRP service provider	
<input type="text"/>	
Contact person	Service provider internal reference number
<input type="text"/>	<input type="text"/>
Telephone	Email
<input type="text"/>	<input type="text"/>

3. Confirmation by BCRP service provider

I confirm that all Builder performance reviews identified in BCRP Component 3 have been completed.

I have noted in Table 1 below details of any unresolved issues of concern.

I have commented in Table 2 below on the progression or development of the Builder’s competency relating to the specific areas that have been reviewed as part of the BCRP for this project.

Table 1: Details of any unresolved issues of concern

Item	Details of unresolved issues of concern (if any)

Table 2 : Comments on the progression or development of the Builder’s competency relating to the specific areas that have been reviewed as part of the BCRP for this project

Single sign off

Name of the BCRP service contact

Position of the BCRP service provider contact

Signature

Date (DD/MM/YYYY)