



香港測量師學會
THE HONG KONG INSTITUTE OF SURVEYORS

ASSESSMENT OF PROFESSIONAL COMPETENCE

BUILDING SURVEYING

Form APC5/BS

APPLICATION

for Assessment of Critical Analysis

This application should be submitted immediately after
month 21 of the approved period of professional training

(For Office Use)

Form received on	Critical Analysis received in duplicate YES / NO	Probationer No.
Referred to BS DEC on	Remarks	

(For BS DEC Use)

Remarks	BS DEC Chairman	Date
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This Revision October 2007.

Surname Mr. / Miss *	Other Names in Full	Name in Chinese
Postal Address		Candidate No. B / .
E-mail Address		Contact Telephone No.

**** CANDIDATE'S DECLARATION ****

TRAINING HISTORY IN CHRONOLOGICAL ORDER			
From	To	Employing Organization	Counsellor [Mark (E) if External]

MAIN STREAM PRACTICE		
Building Control	Project Management	Maintenance Management

- I have completed 21 months of my approved period of professional training and have received emphasized training in the main stream practice indicated above.
- I submit herewith in duplicate my Critical Analysis for assessment.
- I declare that the Critical Analysis is my own work.
- I declare that to the best of my knowledge the statements and information given on this form are true and correct. I understand that any misrepresentation on this form or in the attached documentation will invalidate my pursuance of the Assessment of Professional Competence in Building Surveying.

Date of Application	Signature of Candidate
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**** COUNSELLOR'S ENDORSEMENT ****

- I confirm that the above candidate is receiving professional training under my mentoring.
- I confirm that to the best of my knowledge, the Critical Analysis is the candidate's own work.

Name and Qualifications of In-house * / External * Counsellor		
Position of In-house Counsellor *	Office of External Counsellor *	Contact Telephone No.
E-mail Address of Counsellor		Signature of Counsellor

* Delete whichever is inapplicable.