



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

ASSESSMENT OF PROFESSIONAL COMPETENCE

BUILDING SURVEYING

Form APC1S/BS

SUPPLEMENTARY APPLICATION

to enter the Assessment of Professional Competence

This application should be submitted within one month of change of employment or counsellor.
Otherwise the date of receipt of this application will be taken as the date of
resumption of training or change of counsellor.

(For Office Use)

Form received on	Referred to BS DEC on	Remarks	Probationer No.
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(For BS DEC Use)

Training commenced on	Training suspended on	Training resumed on	Training continued on
Remarks		BS DEC Chairman	Date

This Revision October 2007.

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

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

- I have recently changed my employment / counsellor *.
- I wish to continue with my Assessment of Professional Competence in Building Surveying.
- If I change my employment or counsellor again, I will submit a further supplementary application on Form APC1S/BS.
- I understand that any undue delay in such submission will prejudice my approved period of professional training.
- I declare that to the best of my knowledge all statements and information given on this form are true and correct.
- I understand that any misrepresentation on this form will render this application null and void.

Date of Supplementary Application	Signature of Candidate
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**** FORMER EMPLOYER'S ENDORSEMENT ****

This is to confirm the termination of employment of the candidate.

Former Employing Organization	Date of Appointment / / day month year	
Former Appointment	Date of Termination / / day month year	
Name and Position of Signatory	Signature and Date	Office Chop

**** FORMER COUNSELLOR'S ENDORSEMENT ****

I ceased to act as Counsellor of the candidate on	/ / day month year
E-mail Address of Former Counsellor	Name and Signature of Former Counsellor

* Delete whichever is inapplicable.

**** FURTHER TRAINING PARTICULARS ****

I have changed my employment to

Employing Organization	Department in which employed	
Office Address		
Job Title of Appointment	Date of Appointment / / day month year	
Job Description	Office Telephone No.	

There would be opportunities to further my training in areas marked "X" in the boxes below:

<input type="checkbox"/> A Building Construction & Structures	<input type="checkbox"/> B Buildings Ordinance & Administrative Law	<input type="checkbox"/> C Building Maintenance
<input type="checkbox"/> D Building Economics & Contract Administration	<input type="checkbox"/> E Building Services	<input type="checkbox"/> F Project Management
<input type="checkbox"/> G Demolition, Structural Survey & Assessment	<input type="checkbox"/> H Property management	<input type="checkbox"/> I Research & Development

I will be working under the direct supervision of

Name and Qualifications of Supervisor	Position	Signature of Supervisor
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The Professional Building Surveyor invited to monitor my further training is

Name and Qualifications of In-house * / External * Counsellor		Qualified in (which year)
Position of In-house Counsellor *	Office of External Counsellor *	
I have read the Notes for Guidance of Employers, Supervisors and Counsellors and I am willing to act as Counsellor of this candidate		Signature of Counsellor
E-mail Address of Counsellor	Contact Telephone No.	Date

**** NEW EMPLOYER'S ENDORSEMENT ****

I certify that the candidate is employed as stated above.

Name and Position of Signatory	Signature and Date	Office Chop
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** Delete whichever is inapplicable.*