



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

ASSESSMENT OF PROFESSIONAL COMPETENCE  
BUILDING SURVEYING

Form APC1/BS

APPLICATION

to enter the Assessment of Professional Competence

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

(For Office Use)

Form received on	Fee received on	Admitted Probationer on	Membership No.
Application for Probationer received on		Referred to BS DEC on	

(For BS DEC Use)

Application in order	Unqualified	APC to commence on	Candidate No. B / .
Remarks		BS DEC Chairman	Date

This Revision October 2007.

Surname Mr.* / Miss *	Other Names in Full	Name in Chinese
Postal Address		Date of Birth / / day month year
Home Address		Home Telephone No.
E-mail Address		Mobile Telephone No.

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

- I wish to enter the Assessment of Professional Competence in Building Surveying.
- I enclose the entry fee of \$3,000 payable to "SURVEYORS SERVICES LIMITED". (See Note.)
- I am a Probationer \* / applying to be a Probationer \* of the Hong Kong Institute of Surveyors.
- My academic training since graduating from secondary school comprises:

Course	Full time / Part time *	Academic Institution	From / / month year	To / / month year
Course	Full time / Part time *	Academic Institution	From / / month year	To / / month year
Course	Full time / Part time *	Academic Institution	From / / month year	To / / month year

- I am in full time employment that enables me to acquire the necessary training in building surveying.
- If I change my employment or counsellor, I will submit a supplementary application on Form APC1S/BS. I understand that any undue delay in such submission will prejudice my approved period of professional training.
- I have read the relevant Rules and Guide and I will abide by the requirements.
- 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 Application	Signature of Candidate
---------------------	------------------------

\* Delete whichever is inapplicable.

Note : The entry fee includes an administration fee of \$1,000 which shall be non-refundable in the event the application is not approved.

**\*\* TRAINING PARTICULARS \*\***

**I am employed by**

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 practise in the training areas marked "X" in the boxes below:**

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

**I will be working under the direct supervision of**

Name and Qualifications of Supervisor	Position	Signature of Supervisor
---------------------------------------	----------	-------------------------

**The Professional Building Surveyor invited to monitor my training is**

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

**\*\* EMPLOYER'S ENDORSEMENT \*\***

**I certify that the candidate is employed as stated above.**

Name and Position of Signatory	Signature and Date	Office Chop
--------------------------------	--------------------	-------------

*\* Delete whichever is inapplicable.*