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

# ASSESSMENT OF PROFESSIONAL COMPETENCE

# BUILDING SURVEYING 2018

## Form APC4/BS

## APPLICATION

## to undertake the Practical Task

This application should be submitted after completion of the pre-requisite period of training.
This application is accepted only during the month of August.

(For Office Use)

| | | | |
|---|---|---|---|
| Form received on | Fee $1,050 for Full Task received on | Fee $650 for Tech Task received on | Probationer No. |
| Referred to BS DEC on | | Remarks | |

(For BS DEC Use)

| | | |
|---|---|---|
| Application in order | Application premature | Application out of date |
| Remarks | BS DEC Chairman | Date |

| Candidate No. **B** / | | | Affix a recent photo<br><br>Attach an extra one for preparation of your name badge |
|---|---|---|---|
| Surname Mr.*/ Miss * | Other Names in Full | Given English Name | |
| Name in Chinese | Postal Address | | |
| E-mail Address | | Contact Telephone No. | |

## * * CANDIDATE'S DECLARATION * *

| I hereby apply to undertake: | ☐ **Professional Assignment** | ☐ **Technical Assignment** |
|---|---|---|
| I enclose a cheque payable to **Surveyors Services Ltd.** for: | ☐ **$1,050** | ☐ **$650** |

I have completed _____ months of practical training since _____.

| Employer | Training period | Counsellor |
|---|---|---|
| | | |
| | | |
| | | |

I have submitted the following Self Assessment Reports which have been vetted by my Counsellor.

| *Date of Submission of SAR* | *Date of Interview by Counsellor* | *Name of Counsellor* |
|---|---|---|
| 1st SAR | | |
| 2nd SAR | | |
| 3rd SAR | | |

| Date of this Application | Signature of Candidate |
|---|---|
| | |

## * * COUNSELLOR'S ENDORSEMENT * *

| I confirm that the above candidate is currently receiving practical training under my mentoring. | | |
|---|---|---|
| I confirm that I have received and vetted the relevant Self Assessment Reports. | | |
| I consider that the candidate is ready for the Practical Task and I hereby **ENDORSE** the application. | | |
| Name of In-house * / External * Counsellor<br>Mr. / Ms * | | Name in Chinese |
| Position of In-house Counsellor * | Office of External Counsellor * | Signature of Counsellor |
| E-mail Address of Counsellor | | Contact Telephone No. |

** Delete whichever is inapplicable.*