THE HONG KONG INSTITUTE OF SURVEYORS

香港測量師學會

ASSESSMENT OF PROFESSIONAL COMPETENCE

BUILDING SURVEYING 2012

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.

(For BS DEC Use)

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

This Version March 2013.

Surname Mr.* / Miss *	Other Names in Full	Candidate No. B / .
Name in Chinese	Postal Address	
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.
- ☐ 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

* * 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 * *

My employment remains / 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 covering the following core competences marked "X" in the boxes below:

☐ **C1** Building Control	☐ **C2** Conversion and Improvement	☐ **C3** Design and Specification
☐ **C4** Construction Technology and Structure	☐ **C5** Building Survey and Rehabilitation	☐ **C6** Building Services
☐ **C7** Building Economics and Contract Administration	☐ **C8** Project Management	☐ **C9** Property and Facility Management

The Professional Building Surveyor invited to monitor my further training is

Name of In-house * / External * Counsellor Mr.*/ Ms*	Name in Chinese	FHKIS / MHKIS No. since
Position of In-house Counsellor *	Office of External Counsellor *	
I have read the Guidance Notes for Counsellors and Assessors and I am willing to act as the Counsellor of this candidate		Signature of Counsellor
E-mail Address of Counsellor	Contact Telephone No.	Date

* * CURRENT 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.*