

**\*\* 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 the core competences marked "X" in the boxes below:**

<input type="checkbox"/> <b>C1</b> Building Control	<input type="checkbox"/> <b>C2</b> Conversion and Improvement	<input type="checkbox"/> <b>C3</b> Design and Specification
<input type="checkbox"/> <b>C4</b> Construction Technology and Structure	<input type="checkbox"/> <b>C5</b> Building Survey and Rehabilitation	<input type="checkbox"/> <b>C6</b> Building Services
<input type="checkbox"/> <b>C7</b> Building Economics and Contract Administration	<input type="checkbox"/> <b>C8</b> Project Management	<input type="checkbox"/> <b>C9</b> Property and Facility Management

**My further training will be monitored by the Counsellor named below:**

Name of In-house * / External * Counsellor Mr.* / Ms*	Name in Chinese	FHKIS / MHKIS Mem No. Elected in
Position of In-house Counsellor *	Employer of External Counsellor *	
<b>I have read the Guidance Notes for Counsellors and Assessors and I am willing to act as the Counsellor of this candidate.</b>		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
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*\* Delete whichever is inapplicable.*

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

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

- I have recently changed my employment and I wish to continue with my Assessment of Professional Competence in Building Surveying in my new employment.
- I have recently changed my counsellor and I wish to continue with my Assessment of Professional Competence in Building Surveying under the mentoring of my new counsellor..
- 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 this 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.



## **ASSESSMENT OF PROFESSIONAL COMPETENCE**

### **BUILDING SURVEYING 2018**

#### **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 Version April 2018.