



ASSESSMENT OF PROFESSIONAL COMPETENCE

BUILDING SURVEYING 2019

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

This Version March 2019.

| | | | |
|-----------------------|---------------------|---------------|------------------------|
| Surname Mr.* / Miss * | Given Names in Full | Also Known as | 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 |
|--|------------------------|

**** FORMER EMPLOYER'S ENDORSEMENT ****

This is to confirm the termination of employment of this 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 this 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 the core competences marked "X" in the boxes below:

| | |
|---|---|
| <input type="checkbox"/> A1 – Building Elements and Components | <input type="checkbox"/> A2 – Building Design and Construction |
| <input type="checkbox"/> A3 – Building Services | <input type="checkbox"/> A4 – Building Health |
| <input type="checkbox"/> A5 – Building Safety | <input type="checkbox"/> A6 – Building Efficiency and Sustainability |
| <input type="checkbox"/> B1 – Building Development | <input type="checkbox"/> B2 – Building Project Management |
| <input type="checkbox"/> B3 – Building Pathology | <input type="checkbox"/> B4 – Building Maintenance Management |
| <input type="checkbox"/> B5 – Building Alterations and Additions | <input type="checkbox"/> B6 – Building Property Management |
| <input type="checkbox"/> B7 – Building Disputes Resolution | |

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 * | |
| I have read the Guidance Notes for Counsellors 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.*