



THE HONG KONG INSTITUTE OF
SURVEYORS

香港測量師學會

ASSESSMENT OF TECHNICAL COMPETENCE

BUILDING SURVEYING 2019

Form ATC1/BS

APPLICATION

to enter the Assessment of Technical 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 \$1,350 received on	Admitted Probationer on	Membership No.
Application for Probationer received on		Referred to BS DEC on	

(For BS DEC Use)

<input type="checkbox"/> cognate graduate degree + diploma	<input type="checkbox"/> 1 year	ATC to commence on	Candidate No. B / .
<input type="checkbox"/> cognate sub-degree + diploma	<input type="checkbox"/> 2 years		
Remarks		BS DEC Chairman	Date

This Version March 2019

Surname Mr.* / Miss *	Given Names in Full	Also known as	Affix A recent photo
Name in Chinese		Date of Birth / / day month year	
Postal Address			
E-mail Address		Contact Telephone No.	

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

- I wish to enter the Assessment of Technical Competence in Building Surveying.
- I wish to pursue the technical qualification of AMHKIS.
- I enclose the entry fee of \$1,350 payable to "SURVEYORS SERVICES LIMITED".
- I am a Probationer * / applying to be a Probationer * of the Hong Kong Institute of Surveyors.
- I set out below full details of my tertiary academic training after secondary school.

Sub-degree or Diploma at Level 4			
Title of Award in full	Academic Institution	From	To
Study Mode: Full time / Part time *		/ / month year	/ / month year
Graduate Degree at Level 5			
Title of Award in full	Academic Institution	From	To
Study Mode: Full time / Part time *		/ / month year	/ / month year

- I attach copies of the above academic awards for reference.
- I am in full time employment that enables me to acquire the necessary training in building surveying.
- 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.

**** TRAINING PARTICULARS ****

My employment details are:

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 acquire the following 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	

The Professional Building Surveyor invited to monitor my training is

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

**** 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.