



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

**ASSESSMENT OF TECHNICAL COMPETENCE**

**BUILDING SURVEYING 2019**

**Form ATC1R/BS**

**RE-APPLICATION**

**to enter the Assessment of Technical Competence**

This application may be submitted any time after termination of the ATC.  
 The date of receipt of this application may normally be taken as the date of  
 re-admission and resumption of training.

(For Office Use)

Form received on	Fee \$1,350 received on	Remarks	Probationer No.
Application for Probationer received on		Referred to BS DEC on	

(For BS DEC Use)

Training to resume on	For PT /FA	Last APC No. <b>B</b> /	New Candidate No. <b>B</b> /
Remarks		BS DEC Chairman	Date

This Version March 2019.

Surname Mr.* / Miss *	Other 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 \*\***

- My previous ATC candidate no. was B \_\_\_\_\_ / \_\_\_\_\_ .
- My previous ATC was commenced on (date) \_\_\_\_\_ .
- My past approved training is set out below.

From (date)	To (date)	Employer	Counsellor

- I failed the Practical Task in \_\_\_\_\_.
- I passed the Practical Task in \_\_\_\_\_.
- I failed the Final Assessment in \_\_\_\_\_.
- My ATC was terminated on (date) \_\_\_\_\_.
- I am a Probationer\* / applying to be a Probationer\* of the Hong Kong Institute of Surveyors.
- I wish to continue my pursuit of the AMHKIS qualification in Building Surveying.
- I have read the relevant Rules and Guide and I will abide by the requirements with due diligence.
- 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 Re-application	Signature of Candidate

\* Delete whichever is inapplicable.

**\*\* FURTHER TRAINING PARTICULARS \*\***

**\* My current employment is**

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>A1</b> – Building Elements and Components	<input type="checkbox"/> <b>A2</b> – Building Design and Construction
<input type="checkbox"/> <b>A3</b> – Building Services	<input type="checkbox"/> <b>A4</b> – Building Health
<input type="checkbox"/> <b>A5</b> – Building Safety	<input type="checkbox"/> <b>A6</b> – Building Efficiency and Sustainability
<input type="checkbox"/> <b>B1</b> – Building Development	<input type="checkbox"/> <b>B2</b> – Building Project Management
<input type="checkbox"/> <b>B3</b> – Building Pathology	<input type="checkbox"/> <b>B4</b> – Building Maintenance Management
<input type="checkbox"/> <b>B5</b> – Building Alterations and Additions	<input type="checkbox"/> <b>B6</b> – Building Property Management
<input type="checkbox"/> <b>B7</b> – 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 *	Office of External Counsellor *	
<b>* I have read the Guidance Notes for Counsellors and I will 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.*