



THE HONG KONG INSTITUTE OF
SURVEYORS

香港測量師學會

ASSESSMENT OF TECHNICAL COMPETENCE

BUILDING SURVEYING 2019

Form ATC5R/BS

RE-APPLICATION

for Final Assessment of Practical Training

This application must be received within 24 months of the previous attempt.

(For Office Use)

Form received on	Fee \$500 received on	Probationer No.
Documents received Self Assessment Reports Summary of Experience Synopsis of Structured Learning	YES / NO YES / NO YES / NO	Refer to BS DEC on

(For BS DEC Use)

Application in order	Application premature	
Remarks	BS DEC Chairman	Date

Candidate No. B /			Affix A recent photo
Surname Mr.*/ Miss *	Given Names in Full	Also known as	
Name in Chinese	Postal Address		
E-mail Address		Contact Telephone No	

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

<input type="checkbox"/> I passed the Practical Task in _____		
<input type="checkbox"/> I was last interviewed on _____ and was deferred for extended training.		
<input type="checkbox"/> I hereby apply again for Final Assessment in the following main stream practice		
<input type="checkbox"/> Building Control	<input type="checkbox"/> Project & Development	<input type="checkbox"/> Maintenance & Rehabilitation
<input type="checkbox"/> I enclose a cheque for \$500 payable to Surveyors Services Ltd		
<input type="checkbox"/> I have completed _____ months of practical training since _____.		
Employer	Training period	Counsellor
<input type="checkbox"/> Copy of Form ATC3/BS on the Supplementary SAR for the period from _____ to _____		
<input type="checkbox"/> Supplementary Summary of Experience		(months)
<input type="checkbox"/> Supplementary Synopsis of Structured Learning		(hours)
Date of this Application		Signature of Candidate

***** COUNSELLOR'S ENDORSEMENT *****

<input type="checkbox"/> I confirm that the above candidate is currently receiving practical training under my mentoring.		
<input type="checkbox"/> I consider that the candidate is ready to be re-assessed for the technical qualification.		
Name of In-house * / External * Counsellor Mr. / Ms *		Name in Chinese
Position of In-house Counsellor *	Employer of External Counsellor *	Signature of Counsellor
E-mail Address of Counsellor		Contact Telephone No.

** Delete whichever is inapplicable.*