



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

ASSESSMENT OF PROFESSIONAL COMPETENCE

BUILDING SURVEYING 2019

Form APC5/BS

APPLICATION

for Final Assessment of Practical Training

This application must be received within 12 months of
notification of satisfactory assessment of the Practical Task

(For Office Use)

| | | |
|---|----------------------------------|--------------------|
| Form received on | Fee \$900 received on | Probationer No. |
| Documents received SAR Forms APC3/BS 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 |

This Version January 2022

| | | |
|--|----------------------|-----------------------------|
| Candidate No. B / | | Affix A recent photo |
| Full Name in Block Letters (surname first) | English Name | |
| Mr.*/ Miss * | | |
| 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 hereby apply 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 \$900 payable to "The Hong Kong Institute of Surveyors". | | |
| <input type="checkbox"/> I have completed _____ months of practical training since _____. | | |
| Employer | Training period | Counsellor |
| | | |
| | | |
| | | |
| <input type="checkbox"/> I enclose copies of Form APC3/BS covering all my SAR | | |
| 1 st SAR from | to | 2 nd SAR from to |
| 3 rd SAR from | to | 4 th SAR from to |
| 5 th SAR from | to | 6 th SAR from to |
| <input type="checkbox"/> Summary of Experience | | covering months |
| <input type="checkbox"/> Synopsis of Structured Learning | | covering 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 assessed for the professional 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.