

NOTIFICATION OF CHANGE OF APC TRAINING PROFILE

Note: Personal data collected in this form will be used for registration, administration, future correspondences and record keeping purposes relating to the Assessment of Professional Competence of the Hong Kong Institute of Surveyors.

The completed application form should be returned to the Education Department, the Hong Kong Institute of Surveyors, Room 1205, 12th Floor, Wing On Centre, 111 Connaught Road Central, Hong Kong.

* Please delete as appropriate.

Part A: To be completed by the Candidate

Personal Particulars:		
<i>Title:</i> Mr. / Mrs. / Ms. / Miss*	<i>Name in Full (Surname first):</i>	<i>Chinese Name:</i>
<i>HKIS Membership:</i> Probationer / Associate Member *	<i>Membership No.:</i>	<i>Contact Telephone No.:</i>
<i>Postal Address in BLOCK LETTERS:</i> 		
Employment Details		
<i>Name of Company:</i>	<i>Date of Appointment (dd/mm/yyyy):</i>	
<i>Office Address in BLOCK LETTERS:</i>	<i>Post Title:</i>	
Notification to HKIS		
I would like to notify the Hong Kong Institute of Surveyors (HKIS) of the following change(s) of my APC training profile (please ✓):		
<input type="checkbox"/> Change of Supervisor with effect from _____ (dd/mm/yyyy)		
<input type="checkbox"/> Change of Counsellor with effect from _____ (dd/mm/yyyy)		
<input type="checkbox"/> Change of Employer with effect from _____ (dd/mm/yyyy)		
<input type="checkbox"/> Change to Professional / Technical* Training with effect from _____ (dd/mm/yyyy)		
<input type="checkbox"/> Others (please specify): _____		
<i>Signature:</i> _____		<i>Date:</i> _____

Note: For every case of change, Part B, C and D must be completed accordingly.

Part B: To be completed by the Supervisor

Name of Supervisor in Full:	HKIS Membership No.:
	Grade: FHKIS / MHKIS / AMHKIS*
<p>I confirm my fulfilment of the requirements for being a Supervisor¹. I undertake to discharge my responsibilities to provide Professional / Technical* Training to the Candidate according to the APC Rules and Guide.</p>	
<p>Signature: _____ Date: _____</p>	

Part C: To be completed by the Counsellor

(The Supervisor in Part B may also undertake to be the Counsellor if only such an arrangement is available.)

Name of Counsellor in Full:	HKIS Membership No.:
	Grade: FHKIS / MHKIS / AMHKIS*
<p>I confirm my fulfilment of the requirements for being a Counsellor². I undertake to discharge my responsibilities to oversee the Professional / Technical* Training of the Candidate according to the APC Rules and Guide.</p>	
<p>Signature: _____ Date: _____</p>	

Part D: To be completed by the Employer

Name of Employer in Full:	Company Seal:
Position:	
<p>I certify that the employment details of the Candidate in Part A are true and correct. I confirm my arrangement / acceptance* of the engagements of the Supervisor in Part B and the Counsellor in Part C for the training of the Candidate.</p>	
<p>Signature: _____ Date: _____</p>	

Remarks

1. A Supervisor must be a Corporate or Associate Member of the Land Surveying Division of HKIS with 3 years standing or more in the respective membership. Each qualified Corporate Member may undertake to be the Supervisor of not more than 8 professional and/or technical trainees in total at the same time provided that the number of professional trainees is not more than 3. Each qualified Associate Member may undertake to be the Supervisor of technical trainees only and not more than 8 at the same time.
2. A Counsellor must be a Corporate or Associate Member of the Land Surveying Division of HKIS with 5 years standing or more in the respective membership. A qualified Corporate Member may undertake to be the Counsellor of professional and technical trainees. A qualified Associate Member may undertake to be the Counsellor of technical trainees only.