



香港測量師學會

THE HONG KONG INSTITUTE OF SURVEYORS

ASSESSMENT OF PROFESSIONAL COMPETENCE

PROPERTY & FACILITY MANAGEMENT

Form APC1/PFM (2018)

APPLICATION

to enter the Assessment of Professional Competence

TO BE COMPLETED IN BLOCK LETTERS

PERSONAL PARTICULARS		
Surname: Mr./Mrs./Miss*	Other Names in full:	Name in Chinese:
Communication Address: (must be the same as membership record)		Telephone: (Home / Office)
		Fax:
		Mobile:
Date of Birth (DDMMYYYY):	HKID No.:	
E-mail Address:		
Have you applied for membership with the Institute as a Probationer?		
If YES, please state the date of your application or your HKIS membership number, if available:		

The application should be completed in full and must be accompanied by the following documents as appropriate:

- (i) photocopy of Certificates or Transcripts relating to academic qualifications;
- (ii) a detailed resume and; (iii) a cheque for the application fee.

ACADEMIC QUALIFICATION 1	
My academic training since graduating from secondary school comprises:	
Awarding Institute [Full name of the Institute to be stated]	
Awarded Qualification [Full name of awarded qualification to be stated]	Ordinary Degree / Honours Degree / Sub-degree / Diploma *
Study mode	Full-time / Part-time / Distant Learning * , The course provider for distant learning programme is:
Year of Award / Year of study *	

[* - delete as appropriate]

ACADEMIC QUALIFICATION 2	
Awarding Institute [Full name of the Institute to be stated]	
Awarded Qualification [Full name of awarded qualification to be stated]	Ordinary Degree / Honours Degree / Sub-degree / Diploma *
Study mode	Full-time / Part-time / Distant Learning * , The course provider for distant learning programme is:
Year of Award / Year of study *	

[* - delete as appropriate]

PROFESSIONAL QUALIFICATION			
Awarding Institute [Full name of the Institute to be stated]			
Awarded Qualification [Full name of awarded qualification to be stated]			
Year of Award		Membership No.	

DECLARATION OF THE CANDIDATE		
<input type="checkbox"/> I wish to enter the Assessment of Professional Competence in Property & Facility Management Division.		
<input type="checkbox"/> I enclose the application fee of HK\$ 1,350 payable to "SURVEYORS SERVICES LTD." (See Note ii)		
<input type="checkbox"/> I am in full time employment that enables me to acquire the necessary training in Property & Facility Management.		
<input type="checkbox"/> If I change my employment, I will submit a supplementary application on Form APC1S/PFM. I understand that any undue delay in such submission will prejudice my approved period of professional training.		
<input type="checkbox"/> I declare that to the best of my knowledge all statements and information given on this form are true and correct.		
<input type="checkbox"/> I understand that any misrepresentation on this form will render this application null and void.		
Signature of Candidate:		Date:
Notes: (i) The Candidate should always refer to the Rules and Guide to the PFMD APC (May 2018) for details of the APC scheme. The Rules and Guide could be downloaded from the HKIS website www.hkis.org.hk (HKIS main page → Professional Development → APC → PFMD) (ii) The application fee of \$1,350 is non-refundable.		

Indicate "X" in the above boxes.

TRAINING PARTICULARS

I am employed by

Employing Organization	Nature of Business
Office Address	
Job Title of Appointment	Date of Appointment / / day month year
Job Description	Office Telephone No.

There would be opportunities to practice in the training areas marked "X" in the boxes below:

Section One: Mandatory Competences (Level One)

1.1 Core Skills (Choose all)

<input type="checkbox"/> 1.1.1 Ethics, knowledge of HKIS structure, rules and regulations	<input type="checkbox"/> 1.1.2 Basic business & communication skills, self management, customer care	<input type="checkbox"/> 1.1.3 Information technology, analysis of information and data
<input type="checkbox"/> 1.1.4 Law, dispute resolution and conflict avoidance	<input type="checkbox"/> 1.1.5 Health, Safety and Environment Awareness	

1.2 Other Skills (Choose all)

<input type="checkbox"/> 1.2.1 Business management, organisational leadership, negotiation skills	<input type="checkbox"/> 1.2.2 Management of people and resources, recruitment and selection	<input type="checkbox"/> 1.2.3 Accounting principles and procedures
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Section Two: Core Competences (Level Three; Choose 2 out of 5)

<input type="checkbox"/> 2.0 Property Asset Management	<input type="checkbox"/> 3.0 Corporate Real Estate	<input type="checkbox"/> 4.0 Project Management
<input type="checkbox"/> 5.0 Repair and Maintenance	<input type="checkbox"/> 6.0 Property Management	

Section Three: Non-Core Competences (Level Two; Choose 2 out of 5)

<input type="checkbox"/> 7.0 Finance Management	<input type="checkbox"/> 8.0 Human Resources and Organisation Management	<input type="checkbox"/> 9.0 Information Technology and Communication Management
<input type="checkbox"/> 10.0 Quality and Performance Management and Benchmarking	<input type="checkbox"/> 11.0 Major Research	

Remarks:

Level one - Knowledge and understanding.

Level Two - Knowledge application and analysis.

Level Three - Knowledge application and analysis; ability to give advice

Please refer to details in the Rules and Guide (May 2018) if required

TRAINING PARTICULARS (CONT'D)

I will be working under the direct supervision of

Name of the Supervisor:		
Name of Company:		
Qualification of the Supervisor:	Tel no.:	
Signature of the Supervisor:	Date:	
Note: (i) The Supervisor must be a competent person in PFM and working in the same organization as the Candidate's (Section II Clause 4 of the APC Rules & GuideMay 2018).		

The Professional PFM Surveyor invited to monitor my training is

Name of the Counsellor:	HKIS No.:	
Name of Company:	In-house / External (Delete as appropriate)	
Position of the Counsellor:	Tel. No.:	
Company address of the Counsellor:		
Signature of the Counsellor:	Date:	
Notes: (i) The Counsellor must be a professional PFM surveyor who is a Corporate Member of the Institute of not less than 5 years' standing; and (ii) Normally, a Counsellor should have under his/ her guidance not more than three candidates undertaking the APC Scheme at any one time. (Section VII, Clause 1 of the APC Rules & GuideMay 2018)		

EMPLOYER'S ENDORSEMENT

I certify that the Candidate is employed as stated above.

Name of Employer and company chop [Full name of the Employer to be stated]	Name of the Authorised Representative
	Signature of the Authorised Representative

FOR OFFICE USE ONLY		
Form received on :	Fee received on:	HKIS No.:
Transcript / Graduation Certificate received: Yes / No , if no, reminder sent on:		
HKIS Membership Application received on:	HKIS Probationer member since:	
Referred to PFM DEC on:	Returned from PFM DEC on:	

COMMENTS OF PFM DEC REPRESENTATIVE				
Probationer	<input type="checkbox"/> Approved, APC Commencement date: _____			
	<input type="checkbox"/> A – BL 2.3.5 (a)(i) Cognate degree	<input type="checkbox"/> B – BL 2.3.5 (a) (ii) Non-cognate but relevant degree	<input type="checkbox"/> C – BL 2.3.5 (a)(iii) Other graduate degree	<input type="checkbox"/> D – BL 2.4.2 (a) Sub-degree or diploma
	<input type="checkbox"/> Not approved. Reasons:			
Remarks				
Name & Signature of PFM DEC Representative:			Date:	