



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

ASSESSMENT OF PROFESSIONAL COMPETENCE  
PROPERTY & FACILITY MANAGEMENT

Form APC1S/PFM (2018)

SUPPLEMENTARY APPLICATION

to enter the Assessment of Professional Competence

HKIS No.

(For Office Use)

Form received on	Referred to PFM DEC on	Remarks
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(For PFM DEC Use)

Training commenced on	Training suspended on	Training resumed on	Training continued on
Remarks		PFM DEC Chairman	Date

Surname Mr. / Miss *	Other Names in Full	Name in Chinese
Communication Address		Contact Telephone No.
E-mail Address		Mobile Phone No.

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

- I have recently changed my employment / counsellor \*.
- I wish to continue with my Assessment of Professional Competence in Property & Facility Management.
- If I change my employment or counsellor again, I will submit a further supplementary application on Form APC1S/PFM.
- I understand that any undue delay in such submission will prejudice my approved period of professional training.
- 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 Supplementary Application	Signature of Candidate
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**\*\* FORMER EMPLOYER'S ENDORSEMENT \*\***

This is to confirm the termination of employment of the candidate.

Former Employing Organization	Date of Appointment / / day month year	
Former Appointment	Date of Termination / / day month year	
Name and Position of Signatory	Signature and Date	Office Chop

**\*\* FORMER COUNSELLOR'S ENDORSEMENT \*\***

I ceased to act as the Counsellor of the candidate on		/ / day month year
Date	Name of Counsellor	Signature

\* Delete whichever is inapplicable.

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

I have changed my employment to

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

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

*1.2 Other Skills (Choose all)*

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

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

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

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

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:	
<b>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 &amp; Guide May 2018).</b>		

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:	
<b>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 &amp; Guide May 2018)</b>		

**\*\* NEW 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