



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

ASSESSMENT OF PROFESSIONAL COMPETENCE

PROPERTY & FACILITY MANAGEMENT

Form APC5/PFM(2018)

APC PART II ASSESSMENT

APPLICATION

to undertake the Practical Task

HKIS No.

(For Office Use)

Form received on	Referred to PFM DEC on
Remarks	

(For PFM DEC Use)

Application in order	Application premature	Application out of date
Remarks	PFM DEC Chairman	Date

Surname Mr. / Miss *	Other Names in Full	Name in Chinese
Current Employing Organization		
Communication Address		Contact Telephone No.

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

TRAINING HISTORY IN CHRONOLOGICAL ORDER			
From	To	Employing Organization	Counsellor [Mark (E) if External]

MAIN STREAM PRACTICE		
Section One: Mandatory Competences (Level One)	Section Two: Core Competences (Level Three; Choose 2 out of 5) <ul style="list-style-type: none"> <li><input type="checkbox"/> 2.0 Property Asset Management</li> <li><input type="checkbox"/> 3.0 Corporate Real Estate</li> <li><input type="checkbox"/> 4.0 Project Management</li> <li><input type="checkbox"/> 5.0 Repair and Maintenance</li> <li><input type="checkbox"/> 6.0 Property Management</li> </ul>	Section three: Non-Core Competences (Level Two; Choose 2 out of 5) <ul style="list-style-type: none"> <li><input type="checkbox"/> 7.0 Finance Management</li> <li><input type="checkbox"/> 8.0 Human Resources and Organisation Management</li> <li><input type="checkbox"/> 9.0 Information Technology and Communication Management</li> <li><input type="checkbox"/> 10.0 Quality and Performance Management and Benchmarking</li> <li><input type="checkbox"/> 11.0 Major Research</li> </ul>
Please refer to details in the Rules and Guide (May 2018) if required		

- I have completed 21 months / 33 months / 57 months\* of my approved period of professional training.
- I hereby apply to undertake the Practical Task to be conducted in November this year.
- I declare that to the best of my knowledge the statements and information given on this form are true and correct. I understand that any misrepresentation on this form will invalidate my pursuance of the Assessment of Professional Competence in Property & Facility Management.

Date of Application	Signature of Candidate
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**\*\* COUNSELLOR'S ENDORSEMENT \*\***

- I confirm that the above candidate is receiving professional training under my counselling.
- I am of the opinion that having completed 21 months / 33 months / 57 months\* of the approved period of professional training the above candidate is now ready to undertake the Practical Task.

Name and Qualifications of In-house / External * Counsellor		
Position of In-house Counsellor *	Office of External Counsellor *	Signature of Counsellor
Correspondence Address of Counsellor		Contact Telephone No.

\* Delete whichever is inapplicable.