



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

ASSESSMENT OF PROFESSIONAL COMPETENCE
PROPERTY & FACILITY MANAGEMENT

Form APC5R/PFM(2018)

RE-APPLICATION

to undertake the Practical Task

HKIS No. / .

(For Office Use)

Form received on	Fees Payable \$	Fees received on
Referred to PFM DEC on		Remarks

(For PFM DEC Use)

Remarks	PFM DEC Chairman	Date
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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 SINCE LAST ATTEMPT			
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) <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
Please refer to details in the Rules and Guide (May 2018) if required		

RECORD OF PREVIOUS PRACTICAL TASK ASSESSMENTS			
First Attempt	Second Attempt	Third Attempt	Fourth Attempt

- I hereby re-apply to undertake the Practical Task to be conducted in November this year.
- I enclose the re-application fee of \$1000 payable to "SURVEYORS SERVICES LIMITED".
- 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.

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.