



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

ASSESSMENT OF PROFESSIONAL COMPETENCE

PROPERTY & FACILITY MANAGEMENT

Form APC6R/PFM(2018)

APC FINAL ASSESSMENT

RE- APPLICATION

to undertake the APC Part II Interview Assessment

HKIS No.

(For Office Use)

Form received on	Documents received		Remarks
Referred to PFM DEC on	Diary	YES / NO	
	Log Book	YES / NO	
	Summary of Experience	YES / NO	
	Synopsis of Structured Learning	YES / NO	
	Application fee of HK\$500	YES / NO	

(For PFM DEC Use)

Application in order	Application premature	Application out of date
----------------------	-----------------------	-------------------------

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

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

Commencement date of APC:	
Period of experience recorded in Diary & Logsheet as submitted with this application	days
Qualified structured learning record as submitted with this application	hours

**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>
--	---	---

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

<b>RECORD OF PREVIOUS FINAL ASSESSMENT OF PROFESSIONAL TRAINING</b>			
Date of First Attempt	Date of Second Attempt	Date of Third Attempt	Date of Fourth Attempt
Result	Result	Result	Result

- I have completed my approved period of professional training imposed as required and I have received emphasized training in the main stream practice indicated above.
- I hereby re-apply for Final Assessment of my professional competence.
- I declare that the submitted documentation is a true record of the training I have received.
- I declare that I have undertaken the structured learning as listed overleaf.
- I declare that to the best of my knowledge the statements and information given on this form and in the attached documentation are true and correct.
- I understand that any misrepresentation on this form or in the attached documentation will invalidate my pursuance of the Assessment of Professional Competence in Property & Facility Management.
- I enclose the re-application fee of \$500 payable to "SURVEYORS SERVICES LIMITED". I understand that the application fee I paid is non-refundable in any event.

Indicate "X" in the above boxes.

Critical Analysis passed in  <div style="text-align: right;">(month/year)</div>	Practical Task passed in  <div style="text-align: right;">(year)</div>		
Interim Assessment Report filed in on  <div style="text-align: right;">(day/month/year)</div>	Signature of Candidate	Date of Application	
<b>STRUCTURED LEARNING</b>			
Subject	Nature of Course	Date	Hours
<b>Total Number of Hours</b>			

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

- I confirm that the above candidate is receiving professional training under my counselling.
- I am of the opinion that having completed the approved period of professional training imposed as required the above candidate is now ready to be assessed in his pursuit of qualification as a professional PFM surveyor.

Indicate "X" in the above boxes.

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.