

# ASSESSMENT OF PROFESSIONAL COMPETENCE BUILDING SURVEYING 2019

### Form APC5R/BS

## **RE-APPLICATION**

# for Final Assessment of Practical Training

This application must be received within 24 months of the previous attempt.

Supplementary documentations should only cover the extended training and learning acquired after the last professional interview

#### (For Office Use)

_(: :: : : :: :: :: :: :: :: :: :: :: ::								
Form received on	Fee \$900 received on		Probationer No.					
Documents received		Refer to BS DE	C on					
Copies of Form APC3/BS	YES / NO							
Summary of Experience	YES / NO							
Synopsis of Structured Learning	YES / NO							

## (For BS DEC Use)

Application in order	Application premature		
Remarks	BS DEC Chairman	Date	

This Version effective June 2024

Candidate No.	В	1						
Full Name in English	Full Name in English		English Name			Affix		
Mr.*/ Miss *						Allix		
Name in Chinese Postal Address						A recent photo		
Contact Tolon				enhone l	No			
E-mail Address			Contact Telephone No		110			
* * CANDIDATE'S DECLARATION * *								
□ I passed the Practical Task in								
☐ I was last interviewed on and was deferred for extended training.								
☐ I hereby apply again for <b>Final Assessment</b> in the following main stream practice								
☐ Building Control	uilding Control			ainter	nance & Rehabilitation			
☐ I enclose a cheque for \$900 payable to <b>The Hong Kong Institute of Surveyors</b> .								
☐ I have completed months of extended practical training since my last interview.								
Employer	mployer Extended training p		eriod Counsellor		ellor			
☐ I attach herewith the following supporting documents:								
□ Copy of Form APC3/BS covering the Supplementary SAR from to								
□ Supplementary Summary of Experience covering months of extended training								
□ Supplementary Sy	nopsis of	Structured Lea	arning coveri	ng	hc	ours of added learning		
Date of this Application Signature of Cal			f Candida	ate				
* * COUNSELLOR'S ENDORSEMENT * *								
☐ I confirm that the above candidate is currently receiving practical training under my mentoring.								
☐ I consider that the candidate is ready to be re-assessed for the professional qualification*.								
Name of In-house * / External * Counsellor Mr. / Ms *					Name	e in Chinese		
Position of In-house Counsellor * Employer of E			external Counsellor * Signal		Signa	ature of Counsellor		
E-mail Address of Counsellor				(	Conta	act Telephone No.		

<sup>\*</sup> Delete whichever is inapplicable.