

# 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 \$1,080 received on		Probationer No.	
Documents received		Refer to BS DE	BS DEC 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 August 2024

Candidate No.								
Full Name in English			English Nar	ne	Affix			
Mr.*/ Miss *					73014			
Name in Chinese Postal Address					A recent photo			
E-mail Address			Contact Telephone No		-			
* * 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	☐ Project & Deve			☐ Maintenance & Rehabilitation				
☐ I enclose a cheque for \$1,080 payable to <b>The Hong Kong Institute of Surveyors</b> .								
☐ I have completed months of extended practical training since my last interview.								
Employer	Employer Extended training p		eriod Counsellor					
☐ 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 Synopsis of Structured Learning covering hours of added learning								
Date of this Application			Signature of Candidate					
* * 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 *				Nan	ne in Chinese			
Position of In-house Counsellor * Employer of Extern			xternal Coun	sellor * Sigr	nature of Counsellor			
E-mail Address of Counsellor				Con	tact Telephone No.			

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