



THE HONG KONG INSTITUTE OF
SURVEYORS

香港測量師學會

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 Copies of Form APC3/BS Summary of Experience Synopsis of Structured Learning	YES / NO YES / NO YES / NO	Refer to BS DEC on

(For BS DEC Use)

Application in order	Application premature	
Remarks	BS DEC Chairman	Date

This Version effective June 2024

Candidate No. B /		Affix A recent photo
Full Name in English	English Name	
Mr.*/ Miss *		
Name in Chinese	Postal Address	
E-mail Address	Contact Telephone No	

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

<input type="checkbox"/> I passed the Practical Task in _____		
<input type="checkbox"/> I was last interviewed on _____ and was deferred for extended training.		
<input type="checkbox"/> I hereby apply again for Final Assessment in the following main stream practice		
<input type="checkbox"/> Building Control	<input type="checkbox"/> Project & Development	<input type="checkbox"/> Maintenance & Rehabilitation
<input type="checkbox"/> I enclose a cheque for \$900 payable to Hong Kong Institute of Surveyors		
<input type="checkbox"/> I have completed _____ months of extended practical training since my last interview.		
Employer	Extended training period	Counsellor
<input type="checkbox"/> I attach herewith the following supporting documents:		
<input type="checkbox"/> Copy of Form APC3/BS covering the Supplementary SAR from _____ to _____		
<input type="checkbox"/> Supplementary Summary of Experience covering _____ months of extended training		
<input type="checkbox"/> Supplementary Synopsis of Structured Learning covering _____ hours of added learning		
Date of this Application	Signature of Candidate	

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

<input type="checkbox"/> I confirm that the above candidate is currently receiving practical training under my mentoring.		
<input type="checkbox"/> I consider that the candidate is ready to be re-assessed for the professional qualification*.		
Name of In-house * / External * Counsellor Mr. / Ms *		Name in Chinese
Position of In-house Counsellor *	Employer of External Counsellor *	Signature of Counsellor
E-mail Address of Counsellor	Contact Telephone No.	

* Delete whichever is inapplicable.