



THE HONG KONG INSTITUTE OF  
**SURVEYORS**

香港測量師學會

**ASSESSMENT OF PROFESSIONAL COMPETENCE**

**BUILDING SURVEYING 2019**

**Form APC5/BS**

**APPLICATION**

**for Final Assessment of Practical Training**

This application must be received within 12 months of notification of satisfactory assessment of the Practical Task

(For Office Use)

Form received on	Fee \$900 received on	Probationer No.
Documents received		Refer to 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 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 hereby apply for <b>Final Assessment</b> 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 <b>Hong Kong Institute of Surveyors</b> .		
<input type="checkbox"/> I have completed _____ months of practical training since _____.		
Employer	Training period	Counsellor
<input type="checkbox"/> I enclose copies of Form APC3/BS covering the following SAR		
1 <sup>st</sup> SAR submitted on	2 <sup>nd</sup> SAR submitted on	3 <sup>rd</sup> SAR submitted on
Acknowledged on	Acknowledged on	Acknowledged on
<input type="checkbox"/> Summary of Experience		(months)
<input type="checkbox"/> Synopsis of Structured Learning		(hours)
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 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.