

Registration Number: _____

Notification Of Change Of Employment (APC)

Section 1 Personal Details

(PLEASE USE BLOCK CAPITALS)

Name: _____ Surname: _____

Correspondence Address: _____

Phone: _____ Fax: _____ Email*: _____

Date of Birth: _____ Age: _____

* All notifications of events etc. are sent by email - No web-based accounts, e.g., Hotmail or yahoo.

Signature of Candidate: _____ Date: _____

Section 2 APC Details

I am a candidate for the Assessment of Professional Competence (APC) of the _____ Professional Group undertaking the following pathway to qualification.

<input type="checkbox"/> Arts and Antiques	<input type="checkbox"/> Planning and Development
<input type="checkbox"/> Building Control	<input type="checkbox"/> Project Management
<input type="checkbox"/> Building Surveying	<input type="checkbox"/> Property Finance and Investment
<input type="checkbox"/> Commercial Property Practice	<input type="checkbox"/> Quantity Surveying and Construction
<input type="checkbox"/> Facilities Management	<input type="checkbox"/> Research
<input type="checkbox"/> Geomatics	<input type="checkbox"/> Residential Property Practice
<input type="checkbox"/> Housing Management and Development	<input type="checkbox"/> Residential Survey and Valuation
<input type="checkbox"/> Machinery and Business Assets	<input type="checkbox"/> Rural
<input type="checkbox"/> Management Consultancy	<input type="checkbox"/> Taxation Allowances
<input type="checkbox"/> Minerals and Waste Management	<input type="checkbox"/> Valuations

I am enrolled on the following route to membership:

<input type="checkbox"/> Graduate Route 1	<input type="checkbox"/> Professional Route
<input type="checkbox"/> Graduate Route 2	<input type="checkbox"/> Academic Route
<input type="checkbox"/> Graduate Route 3	<input type="checkbox"/> Senior Professional

Section 3 Employment Details

New Employment Details

Company Name: _____

Company Address: _____

Appointment Held: _____

Telephone Number: _____ Fax Number: _____

Supervisor's Name & Qualification: _____

Counsellor's Name & Qualification: _____

Previous Employment Details

Company Name: _____

Company Address: _____

Appointment Held: _____

Telephone Number: _____ Fax Number: _____

Supervisor's Name & Qualification: _____

Counsellor's Name & Qualification: _____

Section 4 Declaration of New Employer

To be signed by the partner/director of the firm/practice where the candidate is employed.

*Delete as appropriate.

_____ is/will be* employed in our
Head/Branch office at the following address:

Company/Practice Name: _____

Branch Office: _____

Appointment Held: _____

Employer's Name: _____

Employer's Signature: _____

Date: _____

Duties of the candidate are:

To Be Signed By Counsellor*

I have read the APC Guide for Employers, Supervisors & Counsellors, along with the Requirements and Competencies Guide. I am aware of the requirements for the _____ pathway of the _____ professional group and will ensure that the candidate will obtain the levels required in the relevant competencies.

I have attended the counsellors seminar and am aware that this is a compulsory requirement for counsellors.

Name of Counsellor: _____
(Block capitals please)

Signed: _____

Date: _____

Qualifications: _____

* Graduate Routes 1 and 2 only