 

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.

* Planning and Development
* Project Management
* Property Finance and Investment
* Quantity Surveying and Construction
* Research
* Residential Property Practice
* Residential Survey and Valuation
* Rural
* Taxation Allowances
* Valuations
* Arts and Antiques
* Building Control
* Building Surveying
* Commercial Property Practice
* Facilities Management
* Geomatics
* Housing Management and Development
* Machinery and Business Assets
* Management Consultancy
* Minerals and Waste Management

I am enrolled on the following route to membership:

* Professional Route
* Academic Route
* Senior Professional
* Graduate Route 1
* Graduate Route 2
* Graduate Route 3

# 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