The Hong Kong Institute of Architectural Conservationists

香港建築文物保護師學會

**INDIVIDUAL MEMBERSHIP APPLICATION GUIDE**

**Membership categories and eligibility requirements:**

1. **Professional Member**
2. possess a relevant postgraduate or undergraduate degree in architectural conservation or preservation, and
3. possess a minimum of twenty-four calendar months of full-time equivalent professional architectural conservation experience recognized by the Council, and
4. satisfactorily pass the Assessment of Professional Competence as required by the Council.

Candidates who are unable to satisfy the above requirement may apply for Professional Membership through a dispensation route in accordance with the requirements set out by the Council (Refer to the latest “Guide to Assessment of Professional Competence” published on HKICON webpage for details)

1. **Associate Member**
2. possess a relevant postgraduate or undergraduate degree in architectural conservation or preservation; or
3. be a professional member or equivalent of another professional institution recognized by the Council, and possess a minimum of three calendar months of full-time equivalent professional architectural conservation experience as recognized by the Council.
4. **Student Member**
5. a registered student of full-time or part- time studies in architectural conservation, preservation or other relevant academic programme recognized by the Council.
6. **Retired Member**
7. a Professional Member of this institute retired from active employment and in good standing with the Institute at the time of their application for this category of membership.

**Additional Information**

1. Application Fee shall be made to the Hong Kong Institute of Architectural Conservationists through FPS
(FPS ID no. 106983752). The applicant’s name shall be indicated in the FPS payment. A copy of the transfer proof shall be appended to the Application Form.
2. Copies of the necessary original documents must be enclosed with the application form.
3. The completed and duly signed application form, together with the above enclosures should be submitted by email to admin@hkicon.org. An email reply shall be issued to confirm the recipient of the Application Document.

**Enquiries** Please contact us by e-mail at admin@hkicon.org .

**Application and Subscription Fees with effective from 1 April 2020**

**(subject to change without further notice)**

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| **Membership** | **Application Fee** | **Annual Subscription Fee** |
| Fellow | N/A | HK$ 1,300 |
| Professional Member | HK $1,000 | HK$ 1,300 |
| Associate Member | HK$ 650 | HK$ 1,000 |
| Retired Member | N/A | HK$ 650 |
| Student Member | N/A | HK$ 200 |

 The Hong Kong Institute of Architectural Conservationists

香港建築文物保護師學會

**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| Official Use Only |  | Applicant’s Photo |
| Date received |  |
| Membership category |  |
| Registration number |  |
| Remarks |  |
| Council approval |  |

**PART A PERSONAL PARTICULARS**

Title\*: Dr / Mr / Mrs / Ms / Others: \_\_\_\_\_\_\_\_\_\_\_\_

Name as shown on HKID or passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Chinese (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HKID / Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership applied for\*: Professional / Professional (Dispensation Route) / Associate / Retired / Student

Existing HKICON membership: Type of membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; Membership No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if applicable) Year Attained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact telephone No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Delete as appropriate

**PART B ACADEMIC AND EMPLOYMENT PARTICULARS**

1. All information shall be presented in chronological descending order (latest first).
2. All details must be supported by a copy of supporting documentation.
3. The Council reserve the right to request applicant to further supplement details, e.g. relevant course syllabus, copies of transcript and other information deemed necessary to verify the information submitted by the applicant.

**Section 1 Relevant Academic Particulars (Tertiary or above)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Qualification and Subject** | **Academic Institution** | **Year Attained** | **Result / Grade** |
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**Section 2 Professionals Particulars**

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| **No.** | **Awarding Professional Body / Registration Board** | **Registered Professional / Membership Category** | **Year Attained** | **Country/State/Region** |
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**Section 3 Relevant Employment Particulars (if applicable)**

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| --- | --- | --- | --- | --- |
| **No.** | **Company / Organisation** | **Job Title \*** | **Year Start** | **Year End** |
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\*if there are more than one job title under the same company / organisation, only the latest title shall be included.

**PART C MEMBERSHIP APPLICATION PARTICULARS\*\*\***

\*\*\* Please complete the relevant sections corresponding to the membership category applied for.

**Section 1 Academic Requirements (for Professional / Associate / Student Membership ONLY, if applicable)**

|  |  |
| --- | --- |
| Programme / Degree Name: |  |
| Offering Institution: |  |
| Level / Qualifications Attained: | Bachelor / Masters / Doctoral / Postgraduate Diploma / Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year Attained (for Professional / Associate Member) or Year to-be-Attained (for Student Member): |  |

**Section 2 Professional Membership of other Institution (for Associate Membership ONLY, if applicable)**

|  |  |
| --- | --- |
| Name of Professional Institutions: |  |
| Membership Category | Professional Member / Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Specialization / Concentration / Division (if any): |  |
| Membership No.: |  |
| Year Attained: |  |

**Section 3 Professional Experience Requirements
(for Professional / Professional (Dispensation) / Associate Membership ONLY)**

Notes to Applicant

1. If the Applicant has more than one Employments, Table B and Table C should be completed for each of the Employment, and one employment after another.
2. The Applicant may make necessary copy for Table C if there are more than one projects to be included in the architectural conservation portfolio.
3. All employment and the portfolio of relevant experiences must be corroborated by the Employer and/or direct Supervisor. If there is special circumstance which corroboration is not possible to be sought, additional proof of information must be submitted for Council’s consideration, and the Council reserves the right to disregard experiences which fails to be verified by satisfactory proof of information.
4. The Applicant should be involved in each individual reported project for not less than 3 months in total. Projects that are involved less than that shall not be counted towards the Total Relevant Experience claimed.
5. The specific tasks under each project should be able to demonstrate the Applicant’s professional competence in architectural conservation. General tasks (e.g. project administration or liaison) to facilitate the execution of the projects may also be listed, but shall not account for more than 20% of the total relevant experience claimed of each project.
6. The % involvement in the period refers to the extent that the Applicant is involved in the certain task during the involvement period. The relevant experience claimed by the certain task shall be the product of the total no. of months of the involvement period and the % involvement, and should be presented in months corrected to 0.5 months.
[For example: if the Applicant is involved in a specific task for 4 months, and in the 4 calendar months it was estimated 30% of his/her time is used for the specific task, the relevant experience claimed for the specific task shall be 4 x 30% = 1.2, i.e. 1 calendar month of relevant experience claimed]
7. The relevant experience claimed under each project should be the sum of that of each specific task and should tally with that in the Summary Table (Table A).
8. The total relevant experience claimed in the Summary Table should be no less than the requirement of the relevant membership category. Refer to the Application Guide for the specific requirement.
9. The Council reserves the right to request supplementary information from the applicants if the submitted information is deemed insufficient or unclear.

Table A Summary Table of Professional Experiences in Architectural Conservation

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| --- | --- | --- |
| **Company / Organisation** | **Projects** | **Relevant Experience Claimed (in months)** |
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| **Total Relevant Experience Claimed (in months):** |  |

Table B Architectural Conservation Portfolio - Employment

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| --- | --- |
| **Company / Organization:** |  |
| **Job Title of Appointment:** |  |
| **Job Description:** |  |
| **Corroboration by Direct Supervisor / Employer** | I certify that the information provided by the Applicant regarding the Employment and the below-mentioned Project for the architectural conservation portfolio is true and accurate, and the specific tasks are carried out by the Applicant under my supervision / employment.

|  |  |  |
| --- | --- | --- |
| Company Chop |  | Signature |
| Name of Signatory: |  | Capacity of Signatory: |
| Membership No. of HKICON (if any): |  | Date of Signature: |
|  |  |  |

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Table C Architectural Conservation Portfolio – Project Information

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| --- | --- | --- | --- |
| **Project Title** |  | **Project Period****(MM/YYYY – MM/YYYY)****(include tentative completion year for ongoing project)** |  |
| **Specified tasks in the project demonstrating professional competence in architectural conservation** | **Involvement Period** **(MM/YYYY – MM/YYYY)** | **% Involvement** | **Relevant Experience Claimed** **(in months)** |
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| **Total Relevant Experience Claimed under this Project (in months)** |  |

**PART D NOMINATIONS**

(for Professional / Professional (Dispensation) / Associate Membership ONLY)

Endorsement from three nominators who are either HKICON Fellows or Professional Members are required for professional and associate membership application.

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership applied for: Professional / Associate / Professional (Dispensation Route)

 (Delete as appropriate)

1. **First nominator**

Title: Prof / Dr / Mr / Mrs / Ms (Delete as appropriate)

HKICON registered name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HKICON membership: Fellow / Professional Member (Delete as appropriate)

HKICON membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year registered: \_\_\_\_\_\_\_\_\_\_

I wish to nominate the above applicant for the membership indicated

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Second nominator**

Title: Prof / Dr / Mr / Mrs / Ms (Delete as appropriate)

HKICON registered name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HKICON membership: Fellow / Professional Member (Delete as appropriate)

HKICON membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year registered: \_\_\_\_\_\_\_\_\_\_

I wish to nominate the above applicant for the membership indicated

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Third nominator**

Title: Prof / Dr / Mr / Mrs / Ms (Delete as appropriate)

HKICON registered name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HKICON membership: Fellow / Professional Member (Delete as appropriate)

HKICON membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year registered: \_\_\_\_\_\_\_\_\_\_

I wish to nominate the above applicant for the membership indicated

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART E DECLARATION**

I hereby declare that:

* all information submitted in the application is true, complete and accurate. I further understand that any false statements may result in the denial of the application or revocation of membership;
* I authorise the Hong Kong Institute of Architectural Conservationists to make reasonable enquires to certain entities for the purposes of verifying the information submitted in the application;
* l will provide original copies of my qualifications for inspection, if deemed necessary by the Institute;
* I understand that the Institute may offer me an alternative category of membership if I do not meet the requirements for my chosen category of membership;
* upon my acceptance into the Hong Kong Institute of Architectural Conservationists as a Member, I shall be bound by the Institute’s Constitution, By-laws, and Professional Code of Conduct.
* I hereby **authorise** HKICON to disclose my name and membership details upon successful application onto the HKICON website.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART F PAYMENT PROOF OF APPLICATION FEE**

(for Professional / Professional (Dispensation) / Associate Membership ONLY)

Please attach a copy of the payment bank-in slip / transfer record below for verification.

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