



Hairstylist Foundation Practicum Result Report

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Toll Free: 1-866-660-6011
examrequest@itabc.ca

Please submit the completed form with class marks (if applicable) to examrequest@itabc.ca

1 GENERAL INFORMATION

Training Provider Name	Instructor Name	Instructor Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Training Provider Session ID	Start Date (mm/dd/yyyy)	End date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 APPRENTICE INFORMATION AND PRACTICUM TRAINING RESULTS

ITA Individual ID #	Legal Last Name	Legal First Name	300 Practicum Hours Completed		If 300 Hours not completed, please specify reason in the space below
1			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
16			Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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3 JOB TASKS – PRACTICAL COMPETENCIES FOR FOUNDATION

The following section lists the job tasks to be performed by students during the 300 hour practicum as part of the completion requirement of the Hairstylist Foundation program. As stated in the [Program Profile](#), the practicum is to be conducted in a supervised and simulated workplace environment. Descriptions of each task can be found in the [Program Outline](#).

- Sanitize tools and Equipment
- Disinfect tools and equipment
- Maintain a safe and hygienic environment
- Use and maintain single-use tools and accessories
- Use and maintain cutting tools
- Use and maintain styling tools
- Use and maintain colouring tools
- Use and maintain perm/relaxing tools
- Use and maintain client capes
- Use and maintain sanitizing and disinfecting equipment
- Prepare for client service
- Communicate effectively with clients and co-workers
- Consult with clients
- Analyze facial shape
- Analyze hair and scalp
- Shampoo and condition hair and scalp
- Perform scalp massage
- Cut hair using tools
- Prepare and style hair
- Finish hair
- Chemically wave and perm hair
- Prepare for colouring hair
- Colour hair
- Bleach hair
- Perform salon operations
- Complete financial transactions

4 INSTRUCTOR DECLARATION

I confirm that the preceding student(s) have competently performed the job tasks listed above in section 3 under supervision

YES NO

5 INSTRUCTOR SIGNATURE

I certify that the information I provided above (as the current or former instructor of the above students), is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Printed name of authorized representative of the training provider

Signature of authorized representative of the training provider

Date (mm/dd/yyyy)