

HAIRSTYLIST FOUNDATION PRACTICUM

ITA Customer Service 800 - 8100 Granville Ave Richmond, BC V6Y 3T6 Tel: 778-328-8700

Toll Free: 1-866-660-6011

PLEASE SUBMIT THE COMPLETED FORM WITH CLASS MARKS (IF APPLICABLE) TO EXAMREQUEST@ITABC.CA

A. Apprentice Information Please print clearly, sign, scan and send in with class marks. ITA Individual ID #: Training Provider: *Legal First Name: Legal Middle Name (s): Legal Last Name: Date of Birth (MM/DD/YYYY): Email Address: **B.** Instructor/Sponsor Information If this form is being submitted after course completion, it must be signed off by your registered sponsor. *Name of Instructor/Sponsor: *Name of Organization: Organization ID: Organizational Address (Suite and Street Number and Name): City: Province: Postal Code: Work Number: *Work E-Mail Address:) C. Instructor/Sponsor Declaration of Job Task Performance 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. Job Tasks – Practical Competencies for Foundation Sanitize tools and equipment Analyze facial shape Disinfect tools and equipment Analyze hair and scalp Maintain a safe and hygienic environment Shampoo and condition hair and scalp Use and maintain single-use tools and accessories Perform scalp massage Use and maintain cutting tools Cut hair using tools Use and maintain styling tools Prepare and style hair Use and maintain colouring tools Finish hair Use and maintain perm/relaxing tools Chemically wave and perm hair Use and maintain client capes Prepare for colouring hair Use and maintain sanitizing and disinfecting equipment Colour hair Prepare for client service Bleach hair Communicate effectively with clients and co-workers Perform salon operations Consult with clients Complete financial transactions



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D. Instructor/Sponsor Declaration						
	Yes		No	I confirm that this student has competer	ntly performed the job tasks listed ab	pove under supervision.
	Yes		No	I confirm that the student has completed (These hours are included as part of the 129 registration as an apprentice with ITA and ca	0 WBT granted upon completion of the I	- -oundation technical training and
If no to either of the above, please state the reason why in the space provided below.						
Comments						
E. Instructor/Sponsor Signature						
I certify that the information I provided above (as the current or former instructor of this student), 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.)						
Start D	ate:				End Date:	
*Signature:					*Date (MMDDYYYY):	