



# HAIRSTYLIST

## EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA Customer Service  
800 – 8100 Granville Ave.  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@itabc.ca

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **5,400 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant’s work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by the Industry Training Authority (ITA).

**Note:** An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant’s completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

### A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant’s Direct Supervisor:	Supervisor Position or Title:	
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ( )	Mobile Phone Number: ( )	Supervisor E-Mail Address:

### C. Employment Information of Applicant

Dates of Applicant’s Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of <b>Hairstylist</b> Experience Accumulated in that Period:
Job Title of Applicant:	



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### D. Supervisor Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
<b>Hygiene, Sanitation and Disinfection Practices</b> <i>Includes:</i> Sanitizing and disinfecting tools and equipment and maintaining a safe and hygienic environment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Use and Maintenance of Tools and Equipment</b> <i>Includes:</i> Use and maintenance of: single-use tools and accessories, cutting tools, styling tools, colouring tools, perm/relaxing tools, client capes, sanitizing and disinfecting equipment, major equipment and office equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Client Service</b> <i>Includes:</i> Preparing for client services, communicating effectively with clients and co-workers, consulting with clients, analyzing facial shape, hair and scalp; resolving client concerns and complaints.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Hair and Scalp Care</b> <i>Includes:</i> Shampooing and conditioning hair and scalp, and performing scalp massage.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Hair Cutting</b> <i>Includes:</i> Cutting hair using tools, describing the procedure to cut and shave facial and nape hair, cutting facial and nape hair and customizing haircuts.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Hair Styling</b> <i>Includes:</i> Preparing and styling hair, finishing hair, styling up-dos and incorporating hair additions.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Chemically Waving and Relaxing Hair</b> <i>Includes:</i> Chemically waving and perming hair; chemically straightening and relaxing hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Hair Colouring</b> <i>Includes:</i> Preparing for colouring hair, colouring hair, bleaching hair, describing the procedure for colour correction and performing colour correction.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks	Declaration Response
<p><b>Specialized Services</b></p> <p><i>Includes:</i> Describing the principles of applying and styling wigs and hairpieces, applying and styling wigs and hairpieces; describing the principles of using hair extensions and using hair extensions.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p><b>Business Management</b></p> <p><i>Includes:</i> Performing salon operations, completing financial transactions, maintaining product inventory, marketing products and services, and developing a business and marketing plan for a salon.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>

### E. Confirmation of Prerequisite Credentials or Certificates

*For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.*

There are no prerequisite credentials or certificates for this trade.

### F. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided 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.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

*Enter the Supervisor and Applicant names from Page 1 on every page of this form*

Supervisor First and Last Name:	Applicant First and Last Name: