



# HAIRSTYLIST

## STATUTORY 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 E, and
- experience performing at least **70%** of the job tasks listed in Section E

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, Certification Challenge and Supervision and Sign-Off Authority applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge or Supervision and Sign-off Authority**.

The information provided on this form is used to assess and to validate your work experience in this trade.

### A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

### B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:		Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:		
City:	Province:	Postal Code:	
Telephone Number: (    )	Email Address:	Business Registration Number: (Self-Employment only)	

### C. Employment or Self-Employment Information of Applicant

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

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



# HAIRSTYLIST

## STATUTORY 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

### D. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed
  Employer will not complete Employer Declaration  
 Employer is no longer in business
  Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, indicate the steps you have taken to try to obtain it. If sufficient evidence of steps taken is not provided, the application may not be approved.

---



---



---



---

### E. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.

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"/>

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:



# HAIRSTYLIST

## STATUTORY 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

Job Tasks	Declaration Response
<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"/>
<b>Specialized Services</b> <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.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Business Management</b> <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.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

### F. 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, you must prove you have the required prerequisite credentials.*

There are no prerequisite credentials or certificates for this trade.

### G. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
--------------------------------	----------------------	--------------------

*Enter the applicant name (repeat on every page of this form).*

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------



# HAIRSTYLIST

## STATUTORY 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

### H. References

*References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).*

*Each individual listed will be contacted by the Industry Training Authority (ITA) to verify the information provided on your application.*

#### 1. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

#### 2. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

#### 3. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

*Enter the applicant name (repeat on every page of this form).*

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------