



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

This form is used to declare work experience for periods during which you were self-employed or a previous employer will not complete an Employer Declaration.

Note: *Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge or Supervision and Sign-off Authority.*

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 **4,725 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

A. Applicant Name

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

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)	
Mailing Address:			City:
Province/ State:	Country:		Postal Code/ Zip Code:
Business Phone Number: ()	Email Address:	Website:	

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

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



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C. Reason for Statutory Declaration

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

- Applicant was self-employed Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

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.

D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

Job Tasks (16)	Declaration Response
PERFORM SAFETY-RELATED AND HYGIENIC FUNCTIONS Disinfect Tools and Equipment; Sanitize Towels, Capes and Smocks; Maintain a Safe and Hygienic Environment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE AND MAINTENANCE OF TOOLS AND EQUIPMENT Use and Maintain Manual Tools; Use and Maintain Electric Tools; Use and Maintain Major Equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CLIENT SERVICE Consult with Clients; Plan Client Services; Drape Client; Use documentation.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE COMMUNICATION AND MENTORING TECHNIQUES Use Communication Techniques; Use Mentoring Techniques.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ANALYZE AND RESPOND TO HAIR AND SCALP CONDITIONS Analyze Hair and Scalp; Respond to Unfavorable Hair and Scalp Conditions.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SHAMPOO AND CONDITION HAIR AND SCALP Prepare Hair for Shampoo; Manipulate Hair and Scalp Using Shampoo and Conditioner; Perform Hair and Scalp Treatment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CUT DIVERSE TEXTURES OF HAIR USING CUTTING TOOLS Cut Hair Using Elevation; Cut Hair Without Elevation; Customize Haircuts.	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:



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Job Tasks (16)	Declaration Response
CUT FACIAL AND NAPE HAIR Trim and Remove Nape Hair; Trim and Remove Facial Hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
STYLE WET HAIR Prepare and Style Wet Hair; Set Wet Hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
STYLE DRY HAIR Prepare and Style Dry Hair; Style Updos and Finish Hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM CHEMICAL TEXTURE SERVICES ON HAIR Chemically Wave Hair; Chemically Relax and Smooth Hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COLOUR HAIR Colour Virgin Hair and Regrowth; Colour Hair Using Colour Placement and Techniques.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LIGHTEN HAIR Lighten Virgin Hair and Regrowth; Lighten Hair Using Customized Placement and Techniques; Tone Pre-Lightened Hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM COLOUR CORRECTION Explain and Apply Colour Correction	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM SERVICES FOR HAIR EXTENSIONS, WIGS AND HAIRPIECES Select Hair Extensions, Wigs and Hairpieces; Customize Hair Extensions, Wigs and Hairpieces.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PRACTICE BUSINESS FUNDAMENTALS Perform Front-End Responsibilities; Control Inventory and Merchandise; Explore Business Essentials.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by ITA to verify the information provided on your application.

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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

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