



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

*This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by ITA.*

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. 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

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. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant's 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. Supervisor Contact Information

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

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

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"/>
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"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks (16)	Declaration Response
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. 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)
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Enter the supervisor and applicant names (repeat on every page of this form)

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