TIDAL ANGLING GUIDE

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.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 SkilledTradesBC.

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.

"Tidal Angling Guides" organize and conduct fishing trips or expeditions in tidal waters for outdoor enthusiasts, adventurers, tourists and resort guests. They have knowledge of small vessel operations, safety and marine regulations, fishing techniques and equipment, and the environment in which they work. They are employed by private companies and resorts or may be self-employed.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **750 hours** performing the tasks listed in Section D,
- experience performing at least **70%** of the job tasks listed in Section D, and
- evidence of the following certificates: **(attach copies of documents):**
  - Marine Basic First Aid **OR** an equivalent First Aid training course that is over 16 hours in duration **(attach copy of the document)**
  - Small Vessel Operator Proficiency (SVOP) **(attach copy of the document)**
  - Transport Canada Certificates (must provide any one of the following): Domestic Vessel Safety (DVS), Small Domestic Vessel, Basic Safety (SDV-BS), Marine Emergency Duties (MED) A1 & A2 **OR** Marine Emergency Duties (MED) A3 **(attach copy of the document)**
  - Restricted Operator's Certificate – Maritime (ROC-M) **(attach copy of the document)**

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:

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:		
Business Address (Street Name/Number, Building/Unit Number):		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): From: To:	Total Number Hours of **Tidal Angling Guide** Experience Accumulated in Period:
Job Title of Applicant:	

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Vessel Type:		Vessel Length:	
Areas Fished (check all that apply):	☐ Haida Gwaii ☐ West Coast Vancouver Island ☐ Strait of Georgia ☐ North Coast/Hecate Strait	☐ North Vancouver Island /Johnstone Strait ☐ Strait of Juan de Fuca ☐ Central Coast/Queen Charlotte Sound ☐ Other	
Species Fished (check all that apply):	☐ Salmon ☐ Halibut ☐ Ling Cod	☐ Rockfish ☐ Crab ☐ Shrimp/Prawns	☐ Other

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 SkilledTradesBC.

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) ☐ English ☐ Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking in the appropriate columns, indicate how often the applicant has demonstrated the skills and knowledge in the areas listed below during their employment with you.

Unit	Details	Frequently	Occasionally	Never
TAG-1	Encounter situations requiring basic first aid	☐	☐	☐
	Perform basic first aid procedures	☐	☐	☐
TAG-2	Respond to marine emergencies	☐	☐	☐
	Use marine safety and survival equipment	☐	☐	☐
TAG-3	Operate non-pleasure small vessels	☐	☐	☐

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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Unit	Details	Frequently	Occasionally	Never
	Refuel non-pleasure small vessels	☐	☐	☐
TAG-4	Prepare voyage details and sailing plan	☐	☐	☐
	Use navigational aids and equipment	☐	☐	☐
TAG-5	Operate VHF marine radio equipment	☐	☐	☐
	Make distress calls and DSC alerts according to procedure	☐	☐	☐
TAG-6	Communicate with colleagues and customers in a variety of situations	☐	☐	☐
	Communicate with supervisors and authorities according to protocol	☐	☐	☐
TAG-7	Work and interact effectively with others in the workplace	☐	☐	☐
	Plan and manage time and tasks effectively	☐	☐	☐
TAG-8	Respond to conflict situations safely and professionally	☐	☐	☐
	Resolve conflict situations encountered in day-to-day operations	☐	☐	☐
TAG-9	Use and share local tourism information in the workplace	☐	☐	☐
TAG-10	Follow maritime and tidal angling rules and regulations	☐	☐	☐
	Inform and instruct others of applicable rules and regulations	☐	☐	☐
TAG-11	Apply and follow workplace safety policies and procedures	☐	☐	☐
	Use and adjust safety and personal protective equipment (PPE)	☐	☐	☐
TAG-12	Interact appropriately with other coastal resource users while guiding	☐	☐	☐
	Supervise the interactions of clients and colleagues with others	☐	☐	☐

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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Unit	Details	Frequently	Occasionally	Never
TAG-13	Interact with the local environment according to protocols/regulations	☐	☐	☐
	Supervise the interaction of others with the coastal environment	☐	☐	☐
TAG-14	Act in an environmentally responsible and sustainable manner	☐	☐	☐
	Instruct and inform others about environmentally responsible and sustainable behavior	☐	☐	☐
TAG-15	Apply safe food, catch, and bait handling principles and procedures	☐	☐	☐
	Identify and use cleaning and sanitizing products appropriately	☐	☐	☐
TAG-16	Use and maintain angling tools and equipment appropriately	☐	☐	☐
	Select and match tools and equipment to angling conditions	☐	☐	☐
TAG-17	Supervise the catch, release and retention of fish by others	☐	☐	☐
	Follow and enforce regulations and limits related to recreational fishing	☐	☐	☐
TAG-18	Plan and schedule trip activities subject to a variety of circumstances	☐	☐	☐
	Respond to clients special needs and requests	☐	☐	☐
	Maintain all necessary trip logs and records	☐	☐	☐

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and 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 Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials: