HAIRSTYLIST
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 or Supervision and Sign-Off Authority.

"Hairstylists" shampoo, cut, style and chemically treat hair. They may also provide other services such as scalp treatments and hairpiece services. In some jurisdictions, hairstylists may also provide additional services such as basic facial care.

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:

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 **Hairstylist** Experience Accumulated in Period:
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 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 "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 (41)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related And Hygienic Functions		
Disinfects Tools and Equipment	☐ Yes	☐ No
Sanitizes Towels, Capes and Smocks	☐ Yes	☐ No
Maintains a Safe and Hygienic Environment	☐ Yes	☐ No
Uses And Maintenance Of Tools And Equipment		
Uses and Maintains Manual Tools	☐ Yes	☐ No
Uses and Maintains Electric Tools	☐ Yes	☐ No
Uses and Maintains Major Equipment	☐ Yes	☐ No
Client Service		
Consults with Clients	☐ Yes	☐ No
Plans Client Services	☐ Yes	☐ No
Drapes Client	☐ Yes	☐ No
Uses Documentation	☐ Yes	☐ No

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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JOB TASKS (41)	SUPERVISOR DECLARATION RESPONSE	
Uses Communication And Mentoring Techniques		
Uses Communication Techniques	☐ Yes	☐ No
Uses Mentoring Techniques	☐ Yes	☐ No
Analyzes And Responds To Hair And Scalp Conditions		
Analyzes Hair and Scalp	☐ Yes	☐ No
Responds to Unfavorable Hair and Scalp Reactions	☐ Yes	☐ No
Shampoos And Conditions Hair And Scalp		
Prepares Hair for Shampoo	☐ Yes	☐ No
Manipulates Hair and Scalp Using Shampoo and Conditioner	☐ Yes	☐ No
Performs Hair and Scalp Treatment	☐ Yes	☐ No
Cuts Diverse Textures Of Hair Using Cutting Tools		
Cuts Hair Using Elevation	☐ Yes	☐ No
Cuts Hair Without Elevation	☐ Yes	☐ No
Customizes Haircuts	☐ Yes	☐ No
Cuts Facial And Nape Hair		
Trims and Removes Nape Hair	☐ Yes	☐ No
Trims and Removes Facial Hair	☐ Yes	☐ No
Styles Wet Hair		
Prepares and Styles Wet Hair	☐ Yes	☐ No
Sets Wet Hair	☐ Yes	☐ No
Styles Dry Hair		
Prepares and Styles Dry Hair	☐ Yes	☐ No
Styles Updos and Finishes Hair	☐ Yes	☐ No
Performs Chemical Texture Services On Hair		
Chemically Wave Hair	☐ Yes	☐ No
Chemically Relax and Smooth Hair	☐ Yes	☐ No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (41)	SUPERVISOR DECLARATION RESPONSE	
Colours Hair		
Describes Colour Theory	☐ Yes	☐ No
Colours Virgin Hair and Regrowth	☐ Yes	☐ No
Colours Hair Using Colour Placement and Techniques	☐ Yes	☐ No
Lightens Hair		
Describes Colour Theory in Relation to Lightening	☐ Yes	☐ No
Lightens Virgin Hair and Regrowth	☐ Yes	☐ No
Lightens Hair Using Customized Placement and Techniques	☐ Yes	☐ No
Tones Pre-Lightened Hair	☐ Yes	☐ No
Performs Colour Correction		
Explains and Applies Colour Correction	☐ Yes	☐ No
Performs Services For Hair Extensions, Wigs And Hairpieces		
Selects Hair Extensions, Wigs and Hairpieces	☐ Yes	☐ No
Customizes Hair Extensions, Wigs and Hairpieces	☐ Yes	☐ No
Practices Business Fundamentals		
Performs Front-End Responsibilities	☐ Yes	☐ No
Controls Inventory and Merchandise	☐ Yes	☐ No
Explores Business Essentials	☐ Yes	☐ No

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: