HAIRSTYLIST

STATUTORY 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 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.

"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

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)
Business Address (Street Name/Number, Building/Unit Number):		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): From: To:	Total Number Hours of **Hairstylist** Experience Accumulated in Period:
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.**

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 (41)	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

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:

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JOB TASKS (41)	DECLARATION RESPONSE	
Drapes Client	☐ Yes	☐ No
Uses Documentation	☐ Yes	☐ No
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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JOB TASKS (41)	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. Applicant Signature

I certify that the information I 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.)

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

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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 SkilledTradesBC to verify the information provided on your application.

1. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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