

TIDAL ANGLING GUIDE

EMPLOYER DECLARATION OF WORK EXPERIENCE

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.

“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:
 - 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**)

• 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 Tidal Angling Guide Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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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

Vessel Type:	Vessel Length:
Areas Fished (check all that apply): <input type="checkbox"/> Strait of Georgia <input type="checkbox"/> Strait of Juan de Fuca <input type="checkbox"/> Haida Gwaii <input type="checkbox"/> North Coast/Hecate Strait <input type="checkbox"/> Central Coast/Queen Charlotte Sound <input type="checkbox"/> West Coast Vancouver Island <input type="checkbox"/> North Vancouver Island /Johnstone Strait <input type="checkbox"/> Other: _____	
Species Fished (check all that apply): <input type="checkbox"/> Salmon <input type="checkbox"/> Halibut <input type="checkbox"/> Ling Cod <input type="checkbox"/> Rockfish <input type="checkbox"/> Crab <input type="checkbox"/> Shrimp/Prawns <input type="checkbox"/> 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) <input type="checkbox"/> English <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Perform basic first aid procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-2	Respond to marine emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use marine safety and survival equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-3	Operate non-pleasure small vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Refuel non-pleasure small vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-4	Prepare voyage details and sailing plan	<input type="checkbox"/>	<input type="checkbox"/>	<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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Unit	Details	Frequently	Occasionally	Never
	Use navigational aids and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-5	Operate VHF marine radio equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Make distress calls and DSC alerts according to procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-6	Communicate with colleagues and customers in a variety of situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communicate with supervisors and authorities according to protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-7	Work and interact effectively with others in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plan and manage time and tasks effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-8	Respond to conflict situations safely and professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Resolve conflict situations encountered in day-to-day operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-9	Use and share local tourism information in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-10	Follow maritime and tidal angling rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inform and instruct others of applicable rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-11	Apply and follow workplace safety policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use and adjust safety and personal protective equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-12	Interact appropriately with other coastal resource users while guiding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supervise the interactions of clients and colleagues with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-13	Interact with the local environment according to protocols/regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supervise the interaction of others with the coastal environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-14	Act in an environmentally responsible and sustainable manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Instruct and inform others about environmentally responsible and sustainable behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-15	Apply safe food, catch, and bait handling principles and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Identify and use cleaning and sanitizing products appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-16	Use and maintain angling tools and equipment appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Select and match tools and equipment to angling conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-17	Supervise the catch, release and retention of fish by others	<input type="checkbox"/>	<input type="checkbox"/>	<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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Unit	Details	Frequently	Occasionally	Never
TAG-18	Follow and enforce regulations and limits related to recreational fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plan and schedule trip activities subject to a variety of circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Respond to clients special needs and requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maintain all necessary trip logs and records	<input type="checkbox"/>	<input type="checkbox"/>	<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 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 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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