

TIDAL ANGLING GUIDE

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

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. 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 obtain it.**

D. Statutory Declaration of Job Task Performance

By checking in the appropriate columns, indicate how often you have performed the job tasks listed below during the period indicated in Section B.

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"/>

Enter the applicant name (repeat on every page of this form)

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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Unit	Details	Frequently	Occasionally	Never
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"/>
	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"/>

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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"/>
	Follow and enforce regulations and limits related to recreational fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-18	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. 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)

Enter the applicant name (repeat on every page of this form)

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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:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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