



2140 Hamilton Street  
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# Form 6A Verification of on the Job Experience

**PLEASE PRINT CLEARLY**

Apprentice/Tradesperson \_\_\_\_\_ PSE# \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer (Firm Name) \_\_\_\_\_ Name and Certificate Number of Supervising Journeyman \_\_\_\_\_

Address of Employer \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

<b>Hairstylist</b>	<b>Trade Time Exposure In Hours</b>
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Common Occupational Skills:</b> Uses and maintains tools and equipment, cleans, sanitizes and disinfects, prepares for client service.	
<b>Hair and Scalp Care:</b> Analyzes hair and scalp, shampoos and conditions hair and scalp.	
<b>Cutting Hair:</b> Cuts hair using cutting tools, cuts facial and nape hair.	
<b>Styling Hair:</b> Prepares and styles wet hair, styles and finishes dry hair.	
<b>Chemically Waving and Relaxing Hair:</b> Chemically waves hair, chemically relaxes hair.	
<b>Colouring Hair:</b> Colours hair, lightens hair, performs colour correction.	
<b>Specialized Services:</b> Performs services for wigs and hairpieces, performs services for hair extensions.	
<b>Salon Operations:</b> Performs client and salon responsibilities, markets products and services.	
<b>Other:</b>	
<b>Total Hours</b>	

I Certify The Above Hours Are Accurate \_\_\_\_\_  
 Date (DD/MM/YY) \_\_\_\_\_ Apprentice/Tradesperson (signature) \_\_\_\_\_

I Certify The Above Hours Are Accurate \_\_\_\_\_  
 Date (DD/MM/YY) \_\_\_\_\_ Employer Representative (signature) \_\_\_\_\_

\_\_\_\_\_  
 Employer Representative (print name clearly)

<b>For Commission Use Only</b> Time Assessed: _____ Approved By: _____ Date: _____ (DD/MM/YY)
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