



2140 Hamilton Street
 REGINA SK S4P 2E3
 Fax (306) 787-5105
 ATCAssessment@gov.sk.ca

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 Journey person _____

Address of Employer _____ City _____ Postal Code _____ Phone Number _____

Hairstylist	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Performs common occupational skills: performs safety-related and hygienic functions, uses tools and equipment, prepares client services, uses communication techniques.	
Performs hair and scalp care: analyzes and responds to hair and scalp conditions, shampoos and conditions hair and scalp.	
Cuts hair: cuts diverse textures of hair using cutting tools, cuts facial and nape hair.	
Styles hair: prepares and styles wet hair, styles and finishes dry hair.	
Performs chemical texture services on hair: chemically waves hair, chemically relaxes hair.	
Alters hair colour: colours hair, lightens hair, performs colour correction.	
Performs specialized services: performs services for hair extensions, wigs and hairpieces, performs basic services on the face and nape.	
Performs salon operations: performs front desk responsibilities, establishes business fundamentals.	
Other:	
Total Hours	

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) _____

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