



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 Journeyperson \_\_\_\_\_

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

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