

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

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 and mentoring 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)
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