

# Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson		PSE#/MyATC#	
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> _____ to _____ (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) Apprenticeship/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>	<b>Time Assessed:</b> _____	<b>Approved By:</b> _____	<b>Date:</b> _____ (DD/MM/YY)
--------------------------------	-----------------------------	---------------------------	----------------------------------