

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Hairstylist

This form is to be completed by the direct supervisor of the applicant.  
Information provided in this form will be verified.

<b>A. Applicant Name</b>	Name of the individual declaring their employment experience
Full name:	

<b>B. Work History Information</b>	All information boxes must be completed.		
Organization / Employer name:			
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked:
Type of Employment:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other		

<b>C. Declaration of Job Tasks Performed</b> 2016 NOA	<input checked="" type="checkbox"/> Check the NO box if you did not personally witness the applicant performing the tasks in the group. <input checked="" type="checkbox"/> Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journey person. Strike out any individual tasks not witnessed. <del>example</del>
<b>A – Common Occupational Skills</b> Includes: Uses and maintains tools and equipment; Cleans, sanitizes and disinfects; Prepares for client services	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Hair and Scalp Care</b> Includes: Analyzes hair and scalp; Shampoos and conditions hair and scalp	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Cutting Hair</b> Includes: Cuts hair using cutting tools; Cuts facial and nape hair	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Styling Hair</b> Includes: Prepares and styles wet hair; Styles and finishes dry hair	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Chemically Waving and Relaxing Hair</b> Includes: Chemically waves hair; Chemically relaxes hair	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F – Colouring Hair</b> Includes: Colours hair; Lightens hair; Performs colour correction	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>G – Specialized Services</b> Includes: Performs services for wigs and hairpieces; Performs services for hair extensions	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>H – Salon Operations</b> Includes: Performs client and salon responsibilities; Markets products and services	<input type="checkbox"/> No <input type="checkbox"/> Yes

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<b>D. Supervisor/Employer Signature</b>	I certify that the information I, as the current or former direct supervisor of the applicant provided is accurate. I understand that my support may allow the candidate to challenge the certification exam.
Signature:	Date: (yyyy/mm/dd)
Printed name:	Daytime phone:

<b>Office use only:</b>	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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