

Work Experience Form - Trades Qualification *Electrologist*

*This completed Work Experience Form, Employer letter(s), Statutory Declaration, where applicable and appropriate fee must accompany a **Trades Qualification Without Examination** application.*

A statement of work experience is a letter on company letterhead from your employer(s) covering your work experience during the last ten years and must include:

- *exact dates of employment and total hours worked;*
- *a description of all tasks completed with approximate percentage of time spent in each task area.*

Where it is not possible to obtain employer letters due to:

- *self employment,*
- *employer address is unknown, or*
- *cessation of employer's business*

Complete this Work Experience Form and A Statutory Declaration signed by a Notary Public. If you are self-employed, include your full company name, location and registration number.

- *All documents must be submitted in one of the two official languages.*

Fee Schedule

- To apply for a Provincial Certificate of Qualification "With Examination".....**\$250.00**

*Non-refundable fees are payable as a cheque or money order to the **Minister of Finance**. A \$20.00 service fee will be applied to all NSF cheques. You can also pay by credit card or in person by debit card.*

The following information is required in order to qualify for a Provincial Certificate of Qualification as an Electrologist through the process of **Trades Qualification Without Examination**. Also list professional development activities taken in the last five years and attach copies of verification of course attendance. Please use additional paper if required.

Employer (Include Address)	Dates of Employment	Experience (Indicate # months)	Total # Hours

Note: *Additional information required on reverse side of page.*

Fees are collected under *The Apprenticeship and Trades Qualification Act* and its Regulations, and information is used to verify hours and place of employment. The information is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*.

This personal information is being collected under the authority of the *Apprenticeship and Trades Qualifications – General Regulation* for the purposes of verifying the number of hours worked in the trade and place of employment. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act*.

Your personal information is protected by *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information on this form, contact:

Apprenticeship Branch
 1010-401 York Avenue
 Winnipeg MB, R3C 0P8,
 (204) 945-3337 (Phone)
 1-877-978-7233 (Toll Free in Manitoba)
 (204) 948-2346 (Fax)

Work Experience Form

<h2>Electrologist</h2> <p><i>Taking into account the number of years you have worked in this trade, what percentage of time have you spent performing the following tasks? Percentages must total 100%.</i></p>	<p>Percentage of time spent performing this task</p>
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<ul style="list-style-type: none"> • Safety and Sanitation Procedures <i>Includes:</i> maintaining a safe workplace and sanitizing/disinfecting and sterilizing tools and equipment. 	%
<ul style="list-style-type: none"> • Records Management <i>Includes:</i> completing client information cards; and -maintaining an organized filing system. 	%
<ul style="list-style-type: none"> • Retail and Salon Management Functions <i>Includes:</i> performing reception duties; and -salon management functions and retail sales. 	%
<ul style="list-style-type: none"> • Basic Job Skills <i>Includes:</i> consultations; -preparing client for service; and -completing service and demonstrating professionalism. 	%
<ul style="list-style-type: none"> • Electrolysis Treatment <i>Includes:</i> performing pre-epilation treatment; -electrolysis and post-epilation treatment. 	%
<ul style="list-style-type: none"> • Other Tasks <i>Includes:</i> any other tasks that you may have been assigned. If applicable, please identify these tasks and give a percentage of time spent working on them. 	%
Total	100%

I verify that, to the best of my knowledge, the information I am submitting is true and accurate.

Name (please print): _____

Signature: _____ **Date:** _____