Apprenticeship Manitoba

Trades Qualification Statutory Declaration

Esthetician - Skin Care Technician

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

Office use only:

Verified - \square Yes

 \square No

Signature:

Unless your work experience hours were gained through self-employment, Trades Qualification applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide at least one employer declaration from an employer who can verify your work experience.

employer who can verify your work exp	perience.			
A. Applicant Name	Name of th	ne individual declaring their em	nployment experience	
Full name:	·			
D. Danson for Chatraton Danlamet	·	Indicate why a Statuton, Dod	location is required?	
B. Reason for Statutory Declaration	ion	Indicate why a Statutory Declaration is required?		
\square Employer is no longer in business		\square Employment records are not available		
\square Applicant was self-employed (referen	ces required)	\square Employer will not complete Employer Declaration		
If you have been unable to obtain an Em made to obtain an Employer Declaration			indicate below all the efforts that you have he application may not be approved.	
C Mork History Information		Enter the dates, title, total h	ours worked, and nature of employment for the	
C. Work History Information		period this declaration applie		
Organization / Employer name:		Business Registration	Number: (self-employed only)	
From (yyyy/mm/dd): To	(yyyy/mm/dd): J	ob Title:	Total Hours Worked: (only hours on the tools)	
Type of Employment:	Full time Part	time Seasonal	☐ Self-employed ☐ Other	

Comments:

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D. Declaration of Job Tasks Performed 2013 POA	 ☑ Check the "No" box if none of the tasks in the group were witnessed by you personally. ☑ Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journeyperson. Strike out any individual tasks not witnessed. example 		
A – Safety and Sanitation			No
Includes: Maintains a safe workplace environment; Sanitizes/disinfects and sterilizes			Yes
B – Business Management			No
Includes: Completes client information record; Performs reception duties; Performs salon management functions			Yes
C – Basic Job Skills			No
Includes: Performs a consultation; Performs service			Yes
D – Skin Care Treatments Includes: Performs body treatments; Performs basic skin treatments; Performs specialized facial treatments; Performs make-up artistry; Performs hair removal; Performs lash/brow tints			No Yes

E. Applicant Signature	I certify that the information I provided is accurate.	
Signature:		Date: (yyyy/mm/dd)
Printed name:		Daytime phone:

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F. References	References must be provided for all self-employment Statutory Declaration forms.		
Include with your completed Statutory Declarations the names and contact information of two people who can verify your self-employed work experience. This may include a supplier, a former employee, a contractor in the industry, or a regular, long term client. Maximum of one reference per category. Each individual listed will be contacted by Apprenticeship Manitoba to verify the information provided in your application.			
First Name:	Last Name:		
Organization/Business Name:	Position/Title:		
Business Phone Number:	Reference Cell Number:		
Relationship to Applicant:	Email Address:		
First Name:	Last Name:		
Organization/Business Name:	Position/Title:		
Business Phone Number:	Reference Cell Number:		
Relationship to Applicant:	Email Address:		
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