

About the Challenge Application and Forms

The following pages contain all of the forms necessary to apply for a Tidal Angling Guide Trade Challenge Assessment. You may make additional copies as necessary and include them along with your portfolio of evidence.

Please contact go2 if you have any questions about filling out the application or building your portfolio of evidence.

Checklist

- Review** the *Occupational Performance Standards and Assessment Information*
- Decide if you have the skills** needed to undertake an assessment:
 - Complete the *Self-Assessment Checklist*
- Ensure you have the mandatory prerequisites** for Tidal Angling Guide certification. A copy of your certificates as well as the following information is required for verification:
 - Marine Basic First Aid
 - Small Vessel Operator Proficiency (SVOP)
 - Marine Emergency Duties (MED) A3
 - Restricted Operator's Certificate – Maritime (ROC-M)
- Complete** the challenge application form
 - Complete all sections of the form and sign.
- Gather all portfolio evidence**, including:
 - Portfolio of Evidence Checklist
 - Self-Assessment Checklist
 - Copies of all mandatory prerequisite certificates
 - Work Experience Information, which **must include at least one of the following** for each employer listed:
 - Third Party Report
 - Original employer letter stating dates of employment, total hours worked and job duties
 - Statutory Declarations
 - Record of Employment
 - Payroll records
 - Any additional documentary evidence that supports your application
- Submit a hard copy** of your application and evidence to go2

This page is for the candidate’s reference only – do not submit with application

The assessment process for Tidal Angling Guide includes three components:

- a **review of your portfolio** of evidence – this includes verifying all work experience and your mandatory certifications
- a **written test** – approximately 1 hour to complete
- a **competency conversation** (professional interview) – approximately 2 hours to complete

For more detail on the topics covered in each of the units of competency, please consult the ITA website – www.itabc.ca and consult the Occupational Performance Standards for Tidal Angling Guide.

Unit Title	Assessment Method		
	Prerequisite / Qualification	Written test	Competency Conversation
▪ Apply basic marine first aid	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
▪ Respond to marine emergencies	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
▪ Operate a non pleasure small vessel	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
▪ Plan and execute a near coastal voyage	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
▪ Operate maritime communications equipment	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
▪ Communicate effectively with others		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Work in a team		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Deal with conflict situations		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Develop and maintain tourism industry knowledge		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Apply maritime regulations		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Work safely in the maritime environment		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Interact with coastal resource users		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Interact with the coastal environment		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Demonstrate stewardship of the coastal environment and fishery resources		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Follow workplace catch handling and hygiene procedures		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Use and maintain angling tools and equipment		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Use sustainable angling techniques		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▪ Plan and conduct fishing trips		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

APPLICATION TO CHALLENGE CERTIFICATE OF QUALIFICATION TIDAL ANGLING GUIDE

Please complete all sections and return to the address noted above

A. Applicant's Information

Registration Number / Individual ID:		If you do not have an Individual ID number, ITA will create and enter one for you upon registration of the challenge application.		
Legal Last Name:		Legal First Name:		Legal Middle Name (s):
Date of Birth (YYYY/MM/DD):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Suite Number:	Mailing Address:			
City:	Province: B.C.	Postal Code:	Email:	
Daytime Telephone Number: ()	Home Telephone Number: ()	Fax Number: ()		

B. Prerequisite Information

The following are mandatory prerequisites for Tidal Angling Guide certifications

A copy of your certificates as well as the following information is required for verification:

- Marine Basic First Aid
- Small Vessel Operator Proficiency (SVOP)
- Marine Emergency Duties (MED) A3
- Restricted Operator's Certificate – Maritime (ROC-M)

Marine Basic First Aid	
Date completed:	Issuing organization:
Small Vessel Operator Proficiency (SVOP)	
Date completed:	Issuing organization:
Marine Emergency Duties (MED) A3,	
Date completed:	Issuing organization:
Restricted Operator's Certificate – Maritime (ROC-M)	
Date completed:	Issuing organization:

APPLICATION TO CHALLENGE CERTIFICATE OF QUALIFICATION TIDAL ANGLING GUIDE

c/o go2
Suite 450 One Bentall Centre
505 Burrard St. PO Box 59
Vancouver, BC V7X 1M3
604-633-9787 ext 223

Please complete all sections and return to the address noted above

C. Assessment Details

Is this a re-assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of last assessment: _____	Please indicate the earliest date you are available to complete this assessment (YYYY/MM/DD):
Please indicate your preferred location for assessment: <input type="checkbox"/> Vancouver <input type="checkbox"/> Victoria <input type="checkbox"/> Comox <input type="checkbox"/> Campbell River <input type="checkbox"/> Prince Rupert <input type="checkbox"/> Queen Charlotte City	

D: Employment Summary Information

To qualify to challenge a Certificate of Qualification as a **Tidal Angling Guide**, you must provide proof of having worked a minimum of **750 hours (Guiding Time)** working as a Tidal Angling Guide.

Your employer(s) must verify your total hours of work experience before you are eligible to undertake an assessment. You can provide evidence for this purpose using original employment letters, records of employment, payroll records, or other evidence in your portfolio.

If you are self-employed you can provide verification of work experience by using either the **Statutory Declaration** or **Third Party Report**, following the evidence guidelines above.

Name of Organization/Employer(s) *	Dates of Employment (YYYY/MM/DD)	Total # of Hours of Experience
	From: To:	
	From: To:	
	From: To:	
	From: To:	

E. Application Fees

If you are applying to challenge a Certificate of Qualification, there is a fee of \$120.00 payable to **Industry Training Authority** for assessing documentation of required work experience (time in the trade).

Assessment Fees

There is currently no additional fee for the assessment. You must complete the enclosed Labour Market Agreement (LMA) program entrance form included with this application. This is subject to change without notice.

There is no additional fee for a first Certificate of Qualification assessment and first re-assessment. There is a \$100.00 fee payable to ITA for all subsequent re-writes of written examinations.

Note: There may be requirements for upgrading prior to reassessments. Contact go2 if you have questions regarding reassessment eligibility. If approval is granted, ASSESSMENT MUST BE COMPLETED WITHIN 12 MONTHS FROM DATE OF APPROVAL. APPROVAL WILL EXPIRE AFTER 12 MONTHS, at that time re-submission of application form and fee will apply.

APPLICATION TO CHALLENGE CERTIFICATE OF QUALIFICATION TIDAL ANGLING GUIDE

 c/o go2
 Suite 450 One Bentall Centre
 505 Burrard St. PO Box 59
 Vancouver, BC V7X 1M3
 604-633-9787 ext 223

Please complete all sections and return to the address noted above

F. Payment Options

CHEQUE OR MONEY ORDER made payable to: Industry Training Authority (ITA).

CASH and DEBIT CARD accepted only at the ITA Customer Service counter, 110 - 2985 Virtual Way, Vancouver, BC V5M 4X7.

Please do not send cash in the mail.

Credit Card: VISA MasterCard American Express

Card holder name: _____ Card number: _____

Security Number (last three digits on back of card) ___ Expiry date: __/__/__

Card Holder Signature: _____

For Office Use Only

Date go2 Received:	Date go2 sent application to ITA:	Date ITA Processed Payment:	Date ITA Individual ID Assigned: Number:
Date Screened:	Documentation: <input type="checkbox"/> Application Form <input type="checkbox"/> Portfolio Checklist Prerequisite Certificates: <input type="checkbox"/> Marine Basic First Aid <input type="checkbox"/> SVOP <input type="checkbox"/> MED-A3 <input type="checkbox"/> ROC-M Work Experience Information: <input type="checkbox"/> Employer Letter(s) <input type="checkbox"/> Third Party Report(s) <input type="checkbox"/> Statutory Declaration(s) <input type="checkbox"/> Other	Application Status : <input type="checkbox"/> Complete – Assigned to assessor <input type="checkbox"/> Incomplete – Follow up needed	Missing Information Requested: Date Missing Info Received: Approval Status: <input type="checkbox"/> Approved for Challenge <input type="checkbox"/> Not approved for Challenge Date:
Date Assigned/Sent to Assessor:	Assessor Name:	Date Results Received From Assessor:	Status: <input type="checkbox"/> Credential Achieved <input type="checkbox"/> Credential Not Achieved Date:

Certification and authorization for collection, use, and disclosure of personal information inside or outside Canada:

I certify that the information I (as apprentice, sponsor, or employer) have provided is accurate. In accordance with the Freedom of Information and Protection of Privacy Act, I authorize the Industry Training Authority to use and disclose the personal information I have provided on this form, as well as any further information necessary, for the purpose of administering the apprenticeship training program, including the application process, program delivery, evaluation, and certification. I authorize the Industry Training Authority to disclose my personal information for the above purposes to other agencies and ministries of the provincial and federal governments, and to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers, and agencies, whether located inside or outside Canada. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. (NOTE: If you have any question about your personal information, contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.)

Applicant Signature:	Date: (YYYY/MM/DD)
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PORTFOLIO OF EVIDENCE CHECKLIST: TIDAL ANGLING GUIDE

Please print clearly and include with your portfolio of evidence

Instructions:

Indicate what evidence has been provided in your portfolio.

Applicant's Name	Date: YYYY/MM/DD	Signature:
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Category	Yes	No	Evidence provided
<ul style="list-style-type: none"> Prerequisites All must be provided 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Basic Marine First Aid certificate Notes: <input type="checkbox"/> MED- A3 certificate <input type="checkbox"/> SVOP certificate <input type="checkbox"/> ROC-M certificate
<ul style="list-style-type: none"> Work experience documents Must be provided 	<input type="checkbox"/>	<input type="checkbox"/>	<i>At least one of the following must be provided for each employer listed:</i> Notes: <input type="checkbox"/> Third Party Reports <input type="checkbox"/> Reference Letters (must include hours worked and job duties) <input type="checkbox"/> Records of Employment <input type="checkbox"/> Payroll Records <input type="checkbox"/> Statutory Declarations
<ul style="list-style-type: none"> Training documents Optional 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Course transcripts Notes: <input type="checkbox"/> Certificates / Diplomas <input type="checkbox"/> Course materials <input type="checkbox"/> Other _____
<ul style="list-style-type: none"> Other (please specify) Optional 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Resume Notes: <input type="checkbox"/> Photos / Video <input type="checkbox"/> Memberships / Licenses <input type="checkbox"/> Customer feedback <input type="checkbox"/> Other _____

Please print clearly and include with your portfolio of evidence

Third Party Report

A. Applicant's Name

Legal Last Name:	Legal First Name:	Legal Middle Name (s):
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B. Third Party Information

Name of third party:		Relationship with candidate: <input type="checkbox"/> employer <input type="checkbox"/> supervisor <input type="checkbox"/> colleague <input type="checkbox"/> other _____	
Name of Organization/Employer/Business:		Contact Name:	Contact Position / Title:
Suite Number:	Street Number and Name		
City:	Province:	Postal Code::	
Telephone Number: ()	Fax Number: ()	E-Mail Address:	

C. Employment Information

Dates of Employment (YYYY/MM/DD) From: _____ To: _____	Total Number of Hours of Experience
Job Title:	
Duties/Responsibilities:	

Please print clearly and include with your portfolio of evidence

D. Skill Assessment

Please indicate how often the applicant demonstrated their skills and knowledge in the areas listed below during their period of employment.			
	Frequently	Occasionally	Never
▪ Apply basic marine first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Respond to marine emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Operate a non pleasure small vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Plan and execute a near coastal voyage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Operate maritime communications equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Communicate effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Deal with conflict situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Develop and maintain tourism industry knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Apply maritime regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Work safely in the maritime environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Interact with coastal resource users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Interact with the coastal environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Demonstrate stewardship of the coastal environment and fishery resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Follow workplace catch handling and hygiene procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Use and maintain angling tools and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Use sustainable angling techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Plan and conduct fishing trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Third Party Signature:	Date: (YYYY/MM/DD)
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Please print clearly and include with your portfolio of evidence

About Statutory Declarations

A Statutory Declaration form may be used to document time worked in a trade when applying to challenge a Certificate of Qualification ***only due to the following circumstances***: It must be completed for each place of employment you cannot obtain documentation for, and ***must be sworn before a Lawyer, Notary Public, or Commissioner of Oaths for the Province of British Columbia***.

1. The firm is no longer in business and the principals cannot be located.
2. The owner/manager is deceased and complete employment records are not available.
3. The firm is located overseas and extreme difficulties are encountered in trying to get the documentation.
4. The applicant has been self-employed as an owner/operator of a business.
5. A firm refuses to issue a letter to document time worked in a trade.

A Statutory Declaration, using the form that is provided in this package, must be completed ***for each place of employment*** for which you are unable to provide employment information.

Please Note:

Statutory Declarations must be original copies; faxes and photocopies will not be accepted. Signing authority must affix their stamp and/or seal.

You cannot submit all hours on a Statutory Declaration unless you are self-employed.

Self Employment information must be accompanied by three references:

(Include on a separate sheet the names and contact information for three individuals you have worked with; can include clients, suppliers, or employees.)

