

NZ HAIRDRESSING INDUSTRY TRAINING ORGANISATION
Qualification by Experience
National Certificate in Barbering Level 3 or
Barbering Practice Level 4

QbyE



National Certificate
in Barbering
Level 3
or
Barbering Practice
Level 4



Setting the standard in barbering



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National Certificate in Barbering Level 3 or
Barbering Practice Level 4

QbyE

Congratulations on your decision to have your hairdressing skills recognised towards gaining the National Certificate in Barbering Level 3 or Barbering Practice Level 4.

The steps outlined in this application are a guide to how this process will work for you.

Please contact the Assessment Moderation Administrator, HITO National Office on (04) 499 1180.

Don't keep your experience a secret!!!!

Qualification by Experience at a Glance

You should

HITO will





Schedule of fees

| Fees | Cost |
|--|---|
| Application fee | \$200 |
| NZQA credit fees | \$2 per credit |
| Interview and/or practical session | \$60 per hour + any travel and accommodation incurred by the assessor |
| In salon or barber shop assessment Level 3, Unit Standard 10650 | \$265 (\$565 if not in a training agreement or a member of the NZARH) |
| The final assessment for barbering Level 4, Unit Standard 10649 | \$250 (\$550 if not in a training agreement or a member of the NZARH) to undertake regionally organised final assessment To undertake private assessment an additional \$330 is payable |

- Please note that, during this process, credit fees will be payable for all unit standards awarded at the cost of \$2 per credit.
- All Qualification by Experience fees are non-refundable.



NZ HAIRDRESSING INDUSTRY TRAINING ORGANISATION
Application for Qualification by Experience
 National Certificate in Barbering Level 3 or
 Barbering Practice Level 4



Please print clearly using block letters and a ballpoint pen.

Surname First names

Name to appear on National Certificate (if different from above)

Surname First names

Permanent address and postcode

Home phone Mobile phone

NZQA number Email

Date of birth Day Month Year (for NZQA purposes)

Employer name

Salon name Salon phone

Salon address and postcode

Employer's signature

Qualifications and experience (please complete following work history details)

Completion of apprenticeship

Part trade qualification completed

Trade Certificate Practical

Advanced Trade Certificate

International qualifications

Unit Standards completed

Any other qualifications

Time served in industry

Reason for application

Fee of \$200 enclosed Receipt required Yes No Fees must accompany application.

Cheques to be made out to **HITO**.

I acknowledge that I have read and understood the provisions of this application. I also confirm that I have provided the necessary documentation. I give permission to allow access of my NZQA records and for my details to be made available when appropriate during this process.

Applicant's signature Date

Now please post to: **HITO, PO Box 11 764, WELLINGTON 6142**



Work history details *Please print clearly using block letters and a ballpoint pen.*

Employment history *(hairdressing or any other relevant positions)*

| Date | Employer | Role/responsibilities |
|---------------------|------------------------------|---|
| <i>e.g. 1985-89</i> | <i>XYZ Barber Shop/Salon</i> | <i>Apprentice up to Trade Certificate</i> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Qualifications

You need only complete this if you have international qualifications or part of. If you have printed material that outlines details of this qualification you may attach these instead.

| Name of qualification | Length of course | Date received | Awarding authority | List of course content |
|-----------------------|------------------|---------------|--------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

During your course did you complete the following:

- Scissor over comb Yes No
- Clipper over comb Yes No
- Wet shaving Yes No
- Beard shaping Yes No

- Bleach and tone Yes No
- Perming Yes No
- Straightening Yes No
- Advanced highlighting technique Yes No
- Removing unwanted additives Yes No
- Correcting unwanted colour tones Yes No
- Relaxing a permanent wave Yes No



Barber shop/salon experience

Please identify the approximate number of times you have given the following services in the last five years
(please tick one).

| | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Scissor over comb | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clipper over comb | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wet shaving | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beard shaping | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bleach and tone | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perming | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Straightening | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Advanced highlighting techniques | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Removing unwanted additives | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Correcting unwanted colour tones | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relaxing a permanent wave | 0 | 1-5 | 6-20 | Too many to count |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

