

## About the Challenge Application and Forms

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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](http://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 print clearly and include with your portfolio of evidence

## 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)

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

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## 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. 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.**

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## F. Payment Options

All Certificate of Qualification or Inter-Provincial (IP) examination challenge applicants must pay a \$120.00 assessment fee to verify previous work experience (time in the trade). There is no additional fee to write the Certificate of Qualification or IP exam. If a re-write is required, there is no fee for the first one, but a \$100.00 fee for all subsequent re-writes.

If you are applying to challenge this certification, you will have 12 months from the date of your ITA approval letter to write and pass the challenge exam. If you have not passed the challenge exam after 12 months, you must reapply.

Payment of Assessment Fee made by:	<input type="checkbox"/> Credit card (receipt attached) or write confirmation number here: _____ Credit card payment can be made online via the Forms & Fees page on the ITA Website. If unable to pay online, phone ITA Customer Service.
	<input type="checkbox"/> Cheque or money order (attached)
	<input type="checkbox"/> Cash or debit (paid in person at ITA)

## Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filing an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

### Certification and authorization for collection, use and disclosure of personal information

"I certify that the information that I, as an individual applying to either challenge this certification, or be granted Supervision and Sign-off Authority for apprentices in this trade, have provided is accurate and I understand and agree that ITA reserves the right to verify the accuracy of such information. I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary, for the purpose of administering the apprenticeship training program I'm seeking to challenge or receive Supervision and Sign-off Authority for, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

Applicant Name (Please Print):	Applicant Signature:	Date: (YYYY/MM/DD)

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### 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:

# 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"> <li>Prerequisites</li> <li>All must be provided</li> </ul>	<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"> <li>Work experience documents</li> <li>Must be provided</li> </ul>	<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"> <li>Training documents</li> <li>Optional</li> </ul>	<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"> <li>Other (please specify)</li> <li>Optional</li> </ul>	<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

## 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:

**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.)





