

FORM(E) BBENB – COMBO 4 rev 10/2024

PART 2 PARTIE: (To be completed by all applicants – À remplir par tous les candidats)

EDUCATION / FORMATION	Name of Barber School or Shop for training Nom d'école ou de salon de barbier pour la formation	Location of School or Shop Endroit d'école ou de salon (City/Ville / Prov)	Date(s) Attended/ Présent		Hours Completed Heures finies
			From/ De	To/À	
	Barber Shop or School / école ou de salon de barbier				hrs
					hrs
					hrs

Answer the following **only if applicable to you** :

Répondez-au suivant seulement **si c'est approprié vous** :

LICENSES HELD	Name of Jurisdiction of previous license	Method of Licensure Circle only one	Type of License Held	Date of License / Permis (mm/ya)	
				From/De	To/À
		Exam / Reciprocity			
		Exam / Reciprocity			
		Exam / Reciprocity			

PART 3 PARTIE: (To be completed by Student barber applicants only - À remplir par les candidats étudiants barbier seulement)

NAME OF BARBER SCHOOL / NOM DE ECOLE DU BARBIER	COURSE / PROGRAMME	HOURS / HEURES	Course (Programme) dates	
			From/de	To / À

PART 4 PARTIE: (To be completed by Apprentice barber applicants only - À remplir par les candidats Apprenti barbier seulement)

INFORMATION ON BARBER SHOP FOR APPRENTICESHIP - INFORMATIONS SUR SALON DE BARBIER POUR APPRENTISSAGE			
Name of Barber Shop / Nome de Salon de barbier	Name of barber / Nom de barbier	City / Ville	Shop Phone / Téléphone

We have read and understand that we must follow the rules and regulations of the Board. We further understand that the apprenticeship program is designed for education where the registered or master barber is the instructor and the apprentice is the student. We understand that theory work from the text book must be taught, demonstrations must be provided, and hands-on experience must be performed as part of the apprenticeship program.

Nous avons lu et comprendre que nous devons suivre les règles et règlements du Bureau. De plus, nous comprenons que le programme d'apprentissage est conçu pour l'éducation, où le immaculée ou maître Barbier est l'instructeur et l'apprenti est l'étudiant. Nous comprenons que théorie travail tiré du livre de texte doit être enseignée, démonstrations doivent être fournies et expérience à commande manuelle doit être effectuée dans le cadre du programme d'apprentissage.

Has apprentice had any previous hours of apprenticeship ☐ Yes/Oui ☐ No/non
Apprenti n'a eu aucunes précédentes heures d'apprentissage ? If yes how many hours / Si oui combien d'heures ? _____

Signature of Barber responsible for the apprenticeship
Signature de Barber responsable de l'apprentissage



License/Permis # : _____

PART 5 PARTIE : (To be completed by Master Barber applicants only - À remplir par Maître Barbier candidats seulement)

Master Barber Applicants Complete Below - Maître Barbier candidats remplir ci-dessous

Copy of certificate must be attached / Le copy du certificat doit être joint

Name of Institution where course In instructional technique obtained. Nom de l'Institution où du cours d'enseignement technique obtenue.	Location of School Endroit d'école (City/Ville / Prov)	Date(s) Attended/ Présent	Hours Completed Heures finies

AFFIDAVIT OF APPLICANT - DÉCLARATION SOUS SERMENT DE DEMANDEUR

CERTIFICATION AND CONSENT OF APPLICATION
CERTIFICATION ET CONSENTEMENT DE DEMANDE

I hereby certify that the statements, answers and representations made in this application and in any documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license. I further certify that I have read and will abide by the provisions of the **Registered Barbers' Act**, c82 SNB 2007, its rules, regulations and by-laws. Made under the pains and penalty of perjury.

Je certifie par ceci que les rapports, les réponses et les représentations faits dans cette application et dans tous les documents joints sont vrais et corrects. Je comprends que n'importe quelle déclaration est des causes de déchéance le refus ou suivant du permis. Je certifie en outre que j'ai lu et que je respecterai les dispositions de la **Loi sur les barbiers immatriculés**, c82 ANB 2007, ses règles, règlements et règlements administratifs. Donné sous la douleur et la peine de parjure.

.....
Dated / Fait



.....
Applicant Signature (Demandeur)

SWORN TO (or Solemnly Affirmed)

before me at)
in the County of)
and Province of New Brunswick on)
.....)

FAIT SOUS SERMENT (ou affirmé

solennellement)
devant moi à)
dans le comté de)
et la province du Nouveau-Brunswick, le)
.....)

.....
Commissioner of Oaths
(Apply Seal of Office here)

.....
Commissaire à la prestation des serments
(Appliquer le sceau du Bureau ici)

CONSENT TO DISCLOSE INFORMATION CONSENTEMENT DE DIVULGATION D'INFORMATIONS

CONSENT TO DISCLOSE INFORMATION: I authorize any person, agency of government, professional association or any other organization that may have information that can verify the statements made in this application or any other document made in support of this application regarding, citizenship, criminal history, credit rating, education and training as a barber or hairdresser to release such information upon request and presentation of this consent, even if the form is a copy and not an original. By this consent I further state that I will hold harmless any person, firm, agency of government, professional association for any information supplied.

CONSENTEMENT DE DIVULGATION D'INFORMATIONS: J'autorise toute personne, organisme du gouvernement, association professionnelle ou toute autre organisation qui croit détenir des renseignements qui peuvent vérifier les déclarations faites dans la présente demande ou tout autre document invoqué à l'appui de cette demande, citoyenneté, antécédents criminels, cote de crédit, l'éducation et la formation comme un barbier ou le coiffeur de divulguer l'information sur demande et présentation de ce consentement, même si la forme est une copie et non un original. Par ce consentement, je déclare encore que j'organiserai inoffensifs tout organisme ferme, personne, du gouvernement, une association professionnelle pour toute information fournie.

.....
Dated / Fait



.....
Applicant Signature (Demandeur)

Applicant must comply with section 20(5) of the **Registered Barbers' Act 2007** for issuance of registration.

Le demandeur doit se conformer à l'article 20(5) de **Loi sur les barbiers immatriculés 2007** pour le établissement de l'immatriculation.

Check List for All Applicants - Liste de vérification pour tous les demandeurs :

- 2 Colour Passport type photographs (available Wal-mart / Shoppers/ Costco) - 2 photos passeport couleur.
- Copy of all required documents relating to education and training - Copie de tous les documents nécessaires relatifs à l'éducation et la formation. Any transcripts or discharge certificates - Tout transcriptions ou les certificats de décharge.
- Enclosed the appropriate fee for the category of license being applied for - joint le tarif approprié pour la catégorie d'objet de la demande de permis.
- A copy of any former license in barbering or cosmetology from any jurisdiction - A copie de toute permis ancienne barbier ou cosmétologie de toute juridiction.
- A copy of a photo ID card issued by a government agency having your signature, date of birth and photo - A copie d'une photo de carte d'identité délivrée par un organisme de réglementation votre signature, date de naissance et photo.
- Copy of any criminal record discharges and any current probation orders - Copie des rejets dossier criminelles et actuel des ordonnances de probation

**INCOMPLETE OR INCORRECT APPLICATIONS WILL NOT BE PROCESSED
LES DEMANDES INCOMPLÈTES OU INCORRECTES NE SERONT PAS TRAITÉS**

THE FOLLOWING FORMS ARE ONLY TO BE USED IF THEY APPLY TO YOUR APPLICATION, OTHERWISE PLEASE DO NOT USE AS IT WILL DELAY YOUR APPLICATION PROCESS.

SET 1 – AGREEMENT FOR APPRENTICESHIP

SET 2 – AFFIDAVIT AND OUT-OF-PROVINCE LICENSE VERIFICATION.

LES FORMULAIRES SUIVANTS NE DOIVENT ÊTRE UTILISÉS QUE S'ILS S'APPLIQUENT À VOTRE DEMANDE. SINON, VEUILLEZ NE PAS LES UTILISER CAR CELA RETARDERA LE PROCESSUS DE VOTRE DEMANDE.

JEU 1 – CONVENTION D'APPRENTISSAGE

ENSEMBLE 2 – AFFIDAVIT ET VÉRIFICATION DU PERMIS HORS PROVINCE.



ENGLISH VERSION

Apprenticeship Application Form

This form contains three parts: the **Apprenticeship Application**, the **Employer Application** and the **Apprenticeship Training Agreement**. Each of these must be filled out completely in order for the apprenticeship application to be processed. Please be accurate with dates, phone numbers, addresses etc. and please print clearly. Incomplete forms or forms that cannot be read will be returned to the applicant.

The **Apprenticeship Application** must be completed by the applicant (apprentice). To receive credit for high school trade courses, the applicant must submit a copy of their high school transcript with the application form. To receive credit for post secondary courses, the applicant must submit a copy of their graduation certificate with the application form.

The **Employer Application** must be completed by the employer.

The **Apprenticeship Training Agreement** must be signed by the applicant and the employer or employer's representative. These signatures must be witnessed. If the applicant is under 18 years of age, a parent/guardian must also sign the application.

Send completed applications to:

**New Brunswick Registered Barbers' Assoc
23 Main Street West
Saint John, NB, E2M 3M9**

Please retain these instructions for your records.

For more information, contact the NBRBA Apprenticeship Section at 506-693-6357.

Name of Apprentice: _____

Name of Barber who will be the instructor

Name: _____ **License#** _____

For Office Use Only	Trade: APPRENTICE BARBER	Registration Number:
	Registrar of Apprenticeship Signature _____	Date Registered with Registrar of Apprenticeship _____

Apprenticeship Application



1. Trade APPRENTICE BARBER

2. Application Type (check one) ☒ 3000 Hour Program ☐ 1500 Hour Program

☐ Apprenticeship Program ☐ Accelerated Secondary Apprenticeship Program (ASAP) (high school students)

3. Personal information: Mr./Mrs./Ms. (Circle one)

Legal First Name _____ Middle Name _____ Last Name _____ Date of Birth (DD/MM/YY) _____

Mailing Address _____ City _____ Province _____ Postal Code _____

Primary phone # _____ Cell # _____ Social Insurance Number _____ Email Address _____

Alternate contact person:

Applicants under 18 years of age **must** include the name of a parent or guardian. Optional for applicants over 18.

Name _____ Relationship to apprentice _____ Phone# _____ Cell # _____

4. Education information: (Please attach a photocopy of your certificate or transcript for proof of completion.)

High School Name _____ Grade completed _____

Date expected to graduate (for ASAP/high school students) _____

High School Equivalency (GED) obtained? ☐ Yes ☐ No

Did you attend a pre-employment program (college) or block release training program?

☐ Yes ☐ No Trade _____

Dates attended _____ to _____ Training Institution _____

Note: To receive credit for previous in-school training, you must supply proof of completion.

5. Previous trade employment:

Business Name _____ City/Province _____ Start Date _____ End Date _____ Trade _____ #of Hours _____

Note: To receive credit for these hours, you must supply a copy of your Record of Employment or a letter from your employer or from the school where training was completed.

6. Completion of this part of the application is voluntary:

Do you have an employment related disability/condition which you wish to indicate?

☐ Hearing ☐ Learning difficulty ☐ Mobility ☐ Speech ☐ Vision ☐ Other

Apprenticeship Application

Consent to Share Personal Information

Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.N.B. 2009, c. R-10.6 as it relates directly to and is necessary for determining your eligibility for the NBRBA Apprenticeship Program. If you have any questions about this collection of personal information you may contact the Registrar of the New Brunswick Registered Barbers' Association, 23 Main Street West, Saint John, NB, E2M 3M9, (506)693-6357 or email: registrar@nbrba.com

I understand that to administer, monitor and evaluate my apprenticeship training, the NBRBA Apprenticeship Section may need to collect or provide personal information about me to:

- My current and former employers
- Accredited training providers that provide technical training to me
- Government officials responsible for apprenticeship or trade certification programs in Canadian provinces and territories to verify my status under the NBRBA Apprenticeship program
- Other provincial government education branches, schools, school divisions to verify education credentials
- Employment and Social Development Canada (ESDC) to assist in obtaining financial support
- Other provincial government officials to administer and enforce workplace legislation
- Canadian Council of Directors of Apprenticeship (CCDA) and Employment and Social Development Canada (ESDC) officials to administer the Interprovincial Standards Red Seal Program and/or to confirm my status as a Red Seal program client listed in the Interprovincial Computerized Management System (ICEMS) database
- Alternate contact

Apprentice Signature

- I understand the "Consent to Share Personal Information" and I hereby make application for apprenticeship, and I declare that:
- The information I have provided is true and complete in all respects and that I have not withheld any relevant information. (Note: It is an offence under the *Evidence Act* R.S.C. 1985, c. C-5, to provide false information.)
- I will notify the NBRBA Apprenticeship Section office of any subsequent changes in the information contained on this application.
- I will notify the NBRBA Apprenticeship Section of any change of employer during my apprenticeship.

Signature of Applicant

Date

For Office Use Only	Trade: APPRENTICE BARBER	Registration Number:
	Registrar of Apprenticeship Signature _____	Date Registered with Registrar of Apprenticeship _____

Employer Application



1. Name of Prospective Apprentice _____
2. Trade APPRENTICE BARBER
3. Date Employment Started _____
4. Business Information

Business Operating Name

Mailing Address

City/Town

Province

Postal Code

Primary Phone #

Secondary Phone #

Fax#

E-Mail Address

Do you have a Registered or Master Barbers on staff who holds a Certificate of Qualification?

☒ Yes ☐ No

If no:

Do you have a Barber who has a minimum of 7 years experience in the trade?

☐ Yes ☐ No

☒ **Signing Authority for Employer**

I have the authority as, or on behalf of, the employer to complete this Apprenticeship Application form.

Name

OWNER

Position with Employer

Signature

Date

Apprenticeship Training Agreement



The Term of apprenticeship commences on the date this agreement is registered with the Registrar of Apprenticeship and will terminate upon the cessation of employment, completion of the apprenticeship training period or by mutual consent of both the employer and apprentice. **Apprentices that have not completed Grade 12** or it's equivalent will be signed to a conditional agreement. By signing this agreement they agree to attain Grade 12 or its equivalent prior to the completion of their Apprenticeship term. Failure to do this will render this apprenticeship agreement null and void. The term of apprenticeship is flexible and a **Completion of Apprenticeship** certificate will be issued to apprentices who complete all portions of their training and achieve a pass mark in the **Certificate of Qualification** examination administered by Board of Barber Examiners of New Brunswick.

Witnesseth

1. The employer agrees to
 - a) accept and train the apprentice in all areas of the trade or occupation so far as the employer's facilities and availability of work permit;
 - b) ensure the apprentice is supervised by a Registered or Master Barber in the said trade and the ratio of apprentices to barbers, as established by the **Registered Barbers' Act**, for the trade, is not exceeded;
 - c) permit the apprentice to attend in-school training classes approved by the Board for the trade; and
 - d) cooperate with the Apprenticeship Training Officer, appointed by the Board responsible for the **Registered Barbers' Act**, in monitoring and recording apprentice's progress, and in scheduling in-school training.
2. The apprentice agrees to
 - a) work as an apprentice and be trained in the trade or occupation by the employer;
 - b) show caution and respect for the tools and equipment, goods and property of the employer and avoid any damage or waste of them;
 - c) show caution and respect for the goods and property of the employer's customers;
 - d) cooperate with the Apprenticeship Training Officer, appointed by the Board responsible for the **Registered Barbers' Act**, in monitoring and recording apprentice's progress, and in scheduling in-school training; and
 - e) register for in-school training in consultation with my employer (according to Apprenticeship Section policy) and attend the required in-school training classes for the trade or occupation; Minimum wage shall apply where no other written agreement is supplied to the Board.
3. The apprentice's rate of pay shall conform to the current collective agreement, if the employer is a party to the agreement, or to locally accepted rates in the absence of a collective agreement or as mutually agreed by the employer and apprentice.
4. All parties agree to be subject to and carry out the provisions of the **Registered Barbers' Act** as they apply to the trade or occupation and this agreement.
5. If this agreement is cancelled, all parties shall be notified.

In Witness thereof the parties hereto have hereunder set their hands the day and year aforesaid.

Witness	Employer Signature	Company Name (print)	Date

Witness	Apprentice Signature	Apprentice Name (print)	Date

Note: Applicants under 18 years of age must have the signature of a parent or guardian.

Witness	Parent/Guardian Signature	Parent/Guardian Name (print)	Date

For Office Use Only	Trade: APPRENTICE BARBER	Registration Number:
	Registrar of Apprenticeship Signature	Date Registered with Registrar of Apprenticeship



Board of Barber Examiners of New Brunswick
Bureau des examinateurs des barbiers du Nouveau-Brunswick
23 rue Main Street W/O
Saint John, N.-B., E2M 3M9
(506) 693-6357 (Office/Bureau) (506)672-8518 (Fax/télécopie)
Email/courrier : registrar@nbrba.com Web : www.nbrba.com

Under the **Registered Barbers Act 2007** / Sous **Loi sur les barbiers immatriculés 2007**
Statutes of New Brunswick 2007, c.82, section 12(6) and 15 – Loi du Nouveau Brunswick 2007, chapitre 82, paragraphe 12(6) et 15

COMPLETE ONLY IF PREVIOUSLY LICENSED OR REGISTERED
CERTIFICATION OF ORIGINAL REGISTRATION
ATTESTATION DE L'IMMATRICULATION ORIGINALES

Section A

- To be completed by applicant and forwarded with fee if applicable to Board of Registration which granted **original registration**.
- * A être remplie par la candidate et envoyée, avec les frais nécessaires, a l'organisme d'immatriculation ayant accorde l'**immatriculation initiale**.

Name
Nom.....
(given names, as indicated on Birth Certificate) (Surname/nom de famille) (Maiden name/ nom de fille)
(prénom, tels qu'indiqués sur le certificat de naissance)

Permanent Address
Adresse postale permanente.....

Postal Code Postale..... Date of Birth.....
Date de naissance (Month/mois Day/jour Year/année)

Graduated from..... On.....
Diplômée de (School of barbering and city / École d'barbier et ville) Le (Month/mois - Year/année)

My registration number in your jurisdiction.....
Mon numéro d'immatriculation dans votre Province/État

Date..... Signature.....

Section B

To be completed by the Board of Registration of Barbers and forwarded directly to the BBENB
A être rempli par l'organisme d'immatriculation des barbiers et envoyé directement à BEBNB

ENGLISH ONLY PORTION :

To Whom It May Concern:

This will certify that is licensed in accordance with the
..... **Barbers' Act** as a, under the provisions of the **Barbers'**
Act being **Chapter** As amended.

The following information is hereby certified as true and correct as that set forth in the Records of the Board of Barber Examiners of

Full Name							
Mailing Address							
High School/GED						Last Year	
Barber School Attended						Start	Finish
School Hours				Apprentice Hours			
MARKS:	Theory:	%	Practical:	%	Total Combined %	%	
Current Status:							
License No:				Expiration Date:			

Disciplinary Action:				
Other License's or Permits:				
Did Exam or Reciprocal Endorsement issue license?	Exam		Reciprocal	

.....
 Signature of Registrar or other Official in
 charge of Records for Barbers'

.....
 Name of Board (Agency) of Barbers who issued license

Dated:.....20..... At.....

Impressed Seal or Stamp of
 Licensing Authority

Seal/Stamp

Other information if applicable:

.....

.....

.....

.....

.....

.....

.....

Canada
Province of
County of

(Complete ONLY if you have not been licensed previously)

**AFFIDAVIT UNDER SECTION 12(4)
REGISTERED BARBERS' ACT SNB 2007**

In the Matter of an Application for Certificate of Registration as a Barber:

I,, of the, in the
County of and the Province of,
Barber, do make oath and say as follows:

1. That I have been a barber in the Province of for a
minimum ofyears but have not been registered or licensed as such; and
2. That I have obtained formal training as a barber and am/am not the holder of a
certificate for such training.
3. That I otherwise conform to the requirements of the **Registered Barbers' Act** for the
issuance of a Certificate of Registration as a Barber in the Province of New
Brunswick.

Sworn to before me)
)
at In the)
County of)
Province of this)
Day of, 20.....)
)
Before Me)
)
.....)
Commissioner of Oaths (or Lawyer))
My Commission Expires)

.....
Applicant