



Portfolio reference:

Evidence	Non-graded treatment portfolio <input type="checkbox"/>		
UBT108X Spa manicure			
Learner name:			
Assessors name:			
Date:			
Time:	Start	Finish	
Client	New <input type="checkbox"/>	Existing <input type="checkbox"/>	Male <input type="checkbox"/>
	Female <input type="checkbox"/>		
Consultation techniques	Verbal <input type="checkbox"/>	Non-verbal <input type="checkbox"/>	Written <input type="checkbox"/>
Implications	Cost of maintenance <input type="checkbox"/>	Frequency of maintenance <input type="checkbox"/>	Advice on further or additional treatments <input type="checkbox"/>
	Benefits <input type="checkbox"/>	Effects of and limitations to other treatments <input type="checkbox"/>	Changes to existing care routine <input type="checkbox"/>
Limiting factors	Contra-indications <input type="checkbox"/>	Adverse skin or nail conditions <input type="checkbox"/>	Results of previous treatments and products used <input type="checkbox"/>
	Client's lifestyles <input type="checkbox"/>	Sensitivity test results <input type="checkbox"/>	
Courses of action	Offering information <input type="checkbox"/>	Advice and guidance <input type="checkbox"/>	Referral to sources of support in line with salon's procedures <input type="checkbox"/>
Advice given	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>	Post-treatment restrictions <input type="checkbox"/>
	Additional retail products and treatments <input type="checkbox"/>		
Client expectations and other influencing factors	Skin type <input type="checkbox"/>	Nail shape <input type="checkbox"/>	Nail length and cuticle condition <input type="checkbox"/>
	Skin condition finished result <input type="checkbox"/>	Colour selection for nails <input type="checkbox"/>	Medication <input type="checkbox"/>
	Lifestyle considerations client's time and financial commitment <input type="checkbox"/>		
Treatment objective	Calming <input type="checkbox"/>	Balancing <input type="checkbox"/>	Restoring <input type="checkbox"/>
	Energising <input type="checkbox"/>		
Skin type	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>
Skin conditions	Sensitive <input type="checkbox"/>	Dehydrated <input type="checkbox"/>	Mature <input type="checkbox"/>
	Medication and health concerns <input type="checkbox"/>		
Nail conditions	Beau's lines <input type="checkbox"/>	Blue nail <input type="checkbox"/>	Brittle nails <input type="checkbox"/>
	Bruised nails <input type="checkbox"/>	Discoloured nails <input type="checkbox"/>	Dry nails <input type="checkbox"/>
	Flaking nails <input type="checkbox"/>	Hang nails <input type="checkbox"/>	Koilonychias <input type="checkbox"/>



Nail conditions (continued)	Lamella dystrophy <input type="checkbox"/>	Leuconychia <input type="checkbox"/>	Loss of skin sensation <input type="checkbox"/>
	Onychauxis (hypertrophy) <input type="checkbox"/>	Onychotrophia (atrophy) <input type="checkbox"/>	Onychocryptosis <input type="checkbox"/>
	Onycholysis <input type="checkbox"/>	Onychomycosis <input type="checkbox"/>	Onychophagy <input type="checkbox"/>
	Onychorrhexis <input type="checkbox"/>	Onychoschizia <input type="checkbox"/>	Paronychia <input type="checkbox"/>
	Onychia <input type="checkbox"/>	Onychogryphosis <input type="checkbox"/>	Onychoptosis <input type="checkbox"/>
	Pitting <input type="checkbox"/>	Pterygium unguium <input type="checkbox"/>	Sepsis <input type="checkbox"/>
	Transverse ridges <input type="checkbox"/>	Longitudinal ridges <input type="checkbox"/>	Eggshell nails <input type="checkbox"/>
	Black streaks <input type="checkbox"/>		
Massage movements	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Tapotement <input type="checkbox"/>
	Passive movements <input type="checkbox"/>	Acupressure techniques <input type="checkbox"/>	Stone application <input type="checkbox"/>
Products chosen	Disinfecting fluid for tools <input type="checkbox"/>	Hand sanitiser <input type="checkbox"/>	Nail enamel remover <input type="checkbox"/>
	Buffing paste <input type="checkbox"/>	Cuticle cream <input type="checkbox"/>	Pre-blended aromatherapy hand emollient <input type="checkbox"/>
	Base coat <input type="checkbox"/>	Ridge filler <input type="checkbox"/>	Top coat <input type="checkbox"/>
	Nail enamel – frosted and pearl, cream, light, dark, French polish <input type="checkbox"/>	Nail strengthener <input type="checkbox"/>	Cuticle remover <input type="checkbox"/>
	Protective film <input type="checkbox"/>	Carrier oil <input type="checkbox"/>	Paraffin wax <input type="checkbox"/>
	Hand exfoliator <input type="checkbox"/>	Hand masks <input type="checkbox"/>	Nail thinner <input type="checkbox"/>
	Nail enamel dryer <input type="checkbox"/>	Nail whiteners <input type="checkbox"/>	Hot and cold stones with relevant equipment Infra red lamp <input type="checkbox"/>
	Paraffin wax heater and brush <input type="checkbox"/>	Thermal mittens <input type="checkbox"/>	
Specialist treatment provided	Exfoliation <input type="checkbox"/>	Hot or cold stones massage <input type="checkbox"/>	Warm oil <input type="checkbox"/>
	Paraffin wax <input type="checkbox"/>	Hand mask <input type="checkbox"/>	Thermal mittens <input type="checkbox"/>
	Thermal boots <input type="checkbox"/>	Masks <input type="checkbox"/>	
Enamel application	French polish <input type="checkbox"/>	Dark polish <input type="checkbox"/>	Base coat <input type="checkbox"/>
	Top coat <input type="checkbox"/>		
Justification for treatment, products and equipment used			



Products and further treatments recommended		
Client comments		
	I confirm that I have received aftercare advice	Clients signature:
Self evaluation	What went well today?	What could have gone better?
	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •
Learner comments		
	Learner signature:	
Assessor(s) comments		
	Assessor(s) signature:	Date: