

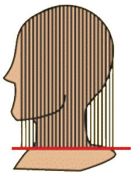
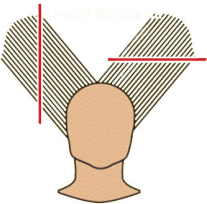
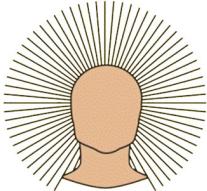
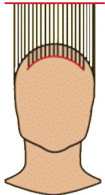


Portfolio reference:



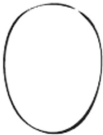



Apprentice name:			
Client name/reference no:		New client <input type="checkbox"/>	Existing client <input type="checkbox"/>
Date:			
Service cost:			
Consultation <input type="checkbox"/>	Shampoo, condition and treat <input type="checkbox"/>		
Cutting techniques <input type="checkbox"/>	Style and finish hair <input type="checkbox"/>		
Colour and lighten hair <input type="checkbox"/>	Perming <input type="checkbox"/>		
Relaxing hair <input type="checkbox"/>	Hair extensions <input type="checkbox"/>		
Service overview/ service timings:	Client wishes/occasion;		

Hair classifications	Texture		
Type 1 - Straight Hair	1a Fine	1b Medium	1c Coarse
	Straight <input type="checkbox"/>	Straight with volume <input type="checkbox"/>	Straight difficult hair <input type="checkbox"/>
Type 2 - Wavy Hair	2a Fine	2b Medium	2c Coarse
	'S' pattern <input type="checkbox"/>	Frizzy 'S' pattern <input type="checkbox"/>	Very frizzy 'S' pattern <input type="checkbox"/>
Type 3 - Curly Hair	3a Fine	3b Medium	3c Coarse
	Soft curl <input type="checkbox"/>	Loose curl <input type="checkbox"/>	Tight curl <input type="checkbox"/>
Type 4 - Very Curly Hair	4a Fine	4b Medium	4c Coarse
	Tightly coiled curl pattern <input type="checkbox"/>	Z pattern & spring curl <input type="checkbox"/>	Tight Z pattern <input type="checkbox"/>

Considered all influencing factors					
Density (amount of hair)	Thick <input type="checkbox"/>	Medium <input type="checkbox"/>	Thin <input type="checkbox"/>		
Hair length	Above shoulder <input type="checkbox"/>	Below shoulder <input type="checkbox"/>	One length <input type="checkbox"/>	Layered <input type="checkbox"/>	Fringe <input type="checkbox"/>
Hair condition	Normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Damaged <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Dry <input type="checkbox"/>
Scalp condition	Normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Dandruff <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Dry <input type="checkbox"/>
Growth patterns	Cowlick <input type="checkbox"/>	Widows peak <input type="checkbox"/>	Nape whorl <input type="checkbox"/>	Double crown <input type="checkbox"/>	Male pattern baldness <input type="checkbox"/>
% of white hair	None <input type="checkbox"/>	10% <input type="checkbox"/>	25% <input type="checkbox"/>	50% <input type="checkbox"/>	75% <input type="checkbox"/>
Skin tone	Warm <input type="checkbox"/>	Neutral <input type="checkbox"/>	Cool <input type="checkbox"/>	Ash <input type="checkbox"/>	
Chemically treated	Virgin <input type="checkbox"/>	Previously permed <input type="checkbox"/>	Previously coloured <input type="checkbox"/>	Previously hi-lighted <input type="checkbox"/>	Previously relaxed <input type="checkbox"/>
Temperature	Added heat <input type="checkbox"/>	No heat <input type="checkbox"/>			

	Combination of hair cuts		Disconnection	
Hair cut type				
	One length	Short or long graduation	Uniform layer	Square layer



Face shapes					
 Oval	 Square	 Round	 Heart	 Oblong	 Diamond

Personal protective equipment					
PPE	Gown <input type="checkbox"/>	Cutting collar <input type="checkbox"/>	Towel(s) <input type="checkbox"/>	Cotton wool <input type="checkbox"/>	Cape <input type="checkbox"/>
	Neck protection <input type="checkbox"/>	Cap <input type="checkbox"/>	Gloves <input type="checkbox"/>	Apron <input type="checkbox"/>	

Will the contra-indications affect the service			Advice given/actions taken
Suspected infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Suspected infestations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical advice or instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hair damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cuts and abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Recent injuries/scarring	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lifestyle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Scalp sensitivity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Head and body shape	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
History of allergic reactions to colour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Piercings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Incompatibility of products and services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Presence/quality of added hair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Amount of re-growth	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hair style	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Transition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Removal of extensions/plaits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Time interval between chemical service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Testing hair					
Porosity test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		
Elasticity test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		
Incompatibility test	Negative reaction <input type="checkbox"/>	Positive reaction <input type="checkbox"/>			
Skin test	Negative reaction <input type="checkbox"/>	Positive reaction <input type="checkbox"/>			
Colour test	Achieved target result <input type="checkbox"/>	Other result:			
Development test	Achieved target result <input type="checkbox"/>	Other result:			
Pull test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		
Strand test result					



Equipment					
Equipment used	Cutting comb <input type="checkbox"/>	Wide tooth comb <input type="checkbox"/>	Tail comb <input type="checkbox"/>	Dressing comb <input type="checkbox"/>	Scissors <input type="checkbox"/>
	Thinning scissors <input type="checkbox"/>	Clipper <input type="checkbox"/>	Clipper attachment <input type="checkbox"/>	Razors <input type="checkbox"/>	Tongs <input type="checkbox"/>
	Straighteners <input type="checkbox"/>	Hand dryer <input type="checkbox"/>	Diffuser <input type="checkbox"/>	Nozzle <input type="checkbox"/>	Clips <input type="checkbox"/>
	Round brush <input type="checkbox"/>	Paddle/flat brush <input type="checkbox"/>	Vent brush <input type="checkbox"/>	Hood dryer <input type="checkbox"/>	Heated rollers <input type="checkbox"/>
	Rollers <input type="checkbox"/>	Pin clips <input type="checkbox"/>	Steamer <input type="checkbox"/>	Plastic hair cover <input type="checkbox"/>	Bowl and brush <input type="checkbox"/>
	Heat accelerator <input type="checkbox"/>	Grips and pins <input type="checkbox"/>			
	Other:				

Using the ICC numbering system, identify the present colour of hair			
	Roots	Mid-lengths	Ends

Quantity of colour product used	1/4 tube <input type="checkbox"/>	1/2 tube <input type="checkbox"/>	3/4 tube <input type="checkbox"/>	Whole tube <input type="checkbox"/>
Quantity of lightening product used				
Peroxide strength used	2% <input type="checkbox"/>	4% <input type="checkbox"/>	6% <input type="checkbox"/>	9% <input type="checkbox"/>
	12% <input type="checkbox"/>	Other:		
Mixing ratios				
Sequence				

Products used during service					
Shampooing	Normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Dry <input type="checkbox"/>	Damaged <input type="checkbox"/>
Conditioning	Surface <input type="checkbox"/>	Penetrating <input type="checkbox"/>	Scalp treatment <input type="checkbox"/>		
Style and finish/Set and dress/Added hair	Heat protector <input type="checkbox"/>	Spray <input type="checkbox"/>	Mousse <input type="checkbox"/>	Cream <input type="checkbox"/>	Gel <input type="checkbox"/>
	Serum <input type="checkbox"/>	Wax <input type="checkbox"/>	Setting lotion <input type="checkbox"/>		
	Freehand <input type="checkbox"/>	Clip in <input type="checkbox"/>	Strand <input type="checkbox"/>	Fringe <input type="checkbox"/>	
Cutting	Detangling spray <input type="checkbox"/>				
Colouring	Semi <input type="checkbox"/>	Quasi <input type="checkbox"/>	Permanent <input type="checkbox"/>	Lightener <input type="checkbox"/>	Toners <input type="checkbox"/>
	Colour removers <input type="checkbox"/>				
Perming	Barrier cream <input type="checkbox"/>	Pre/post-perm treatment <input type="checkbox"/>	Chemical re-arranger <input type="checkbox"/>	Perm lotion <input type="checkbox"/>	Neutraliser <input type="checkbox"/>
Relaxing treatments	Scalp protectors <input type="checkbox"/>	Sodium relaxer <input type="checkbox"/>	Non-sodium relaxer <input type="checkbox"/>	Pre/post treatments <input type="checkbox"/>	Normalising shampoo <input type="checkbox"/>



Techniques used					
Shampoo/condition/treat	Effleurage <input type="checkbox"/>	Pettrissage <input type="checkbox"/>	Rotary <input type="checkbox"/>	Friction <input type="checkbox"/>	
Style and finish hair	Blow-drying <input type="checkbox"/>	Finger drying <input type="checkbox"/>	Straightening <input type="checkbox"/>	Smoothing <input type="checkbox"/>	Volume <input type="checkbox"/>
	Movement <input type="checkbox"/>	Curl <input type="checkbox"/>			
Set and dress hair	Hair up <input type="checkbox"/>	Setting <input type="checkbox"/>	Plaits <input type="checkbox"/>	Braids <input type="checkbox"/>	Knots <input type="checkbox"/>
	Twist <input type="checkbox"/>	Dress hair <input type="checkbox"/>	Added hair <input type="checkbox"/>	Set using rollers <input type="checkbox"/>	Wrap setting <input type="checkbox"/>
	Brick <input type="checkbox"/>	Directional <input type="checkbox"/>	Spiral curling <input type="checkbox"/>	On/off base <input type="checkbox"/>	Pin curling <input type="checkbox"/>
	Root to point <input type="checkbox"/>	Point to root <input type="checkbox"/>	Curls <input type="checkbox"/>	Rolls <input type="checkbox"/>	Smoothing <input type="checkbox"/>
	Back combing <input type="checkbox"/>	Back brushing <input type="checkbox"/>			
Cutting techniques	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Club cutting <input type="checkbox"/>	Freehand <input type="checkbox"/>	Scissor over comb <input type="checkbox"/>
	Texturising <input type="checkbox"/>	Razor cutting <input type="checkbox"/>	Clipper work <input type="checkbox"/>	Precision <input type="checkbox"/>	With fringe <input type="checkbox"/>
	Disconnecting <input type="checkbox"/>				
Colouring and lightening	Full head quasi <input type="checkbox"/>	Re-growth permanent <input type="checkbox"/>	Full head permanent <input type="checkbox"/>	Woven highlights <input type="checkbox"/>	Woven lowlights <input type="checkbox"/>
	Sliced highlights <input type="checkbox"/>	Restore depth/tone <input type="checkbox"/>	Neutralise colour tone <input type="checkbox"/>	Colour resistant hair <input type="checkbox"/>	
Perming	Basic <input type="checkbox"/>	Directional <input type="checkbox"/>	Brick <input type="checkbox"/>		
Relaxing	Top and bottom <input type="checkbox"/>	Top <input type="checkbox"/>	Hand <input type="checkbox"/>	Virgin <input type="checkbox"/>	Re-growth 4-8 weeks <input type="checkbox"/>
	Re-growth up to 12 weeks <input type="checkbox"/>	Relaxing <input type="checkbox"/>	Straightening <input type="checkbox"/>	Smoothing systems <input type="checkbox"/>	
Degree of relaxation					
Extensions	Short term <input type="checkbox"/>	Long term <input type="checkbox"/>	Artificial <input type="checkbox"/>	Human <input type="checkbox"/>	Partial <input type="checkbox"/>
	Full head <input type="checkbox"/>	Clip in <input type="checkbox"/>	Weft-weave in <input type="checkbox"/>	Glue in <input type="checkbox"/>	
Cutting hair extensions	Point <input type="checkbox"/>	Tapering <input type="checkbox"/>	Freehand <input type="checkbox"/>	Razoring <input type="checkbox"/>	Texturising <input type="checkbox"/>

Advice and recommendations	Advice given			
How to maintain their look	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Time interval between services	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Products	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Correct detangling techniques	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Equipment use	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Exfoliating	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Health and safety practice	Worked safely and hygienically throughout the service		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Assessor signature:	Student signature:
Other signature:	Relationship to apprentice: