



Portfolio reference:

Evidence	Non-graded service portfolio <input type="checkbox"/>		
UBT214X Gel polish applications			
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 services <input type="checkbox"/>
	Benefits <input type="checkbox"/>		
Skin and cuticle condition	Dry <input type="checkbox"/>	Excessively dry <input type="checkbox"/>	Normal <input type="checkbox"/>
	Hang nails <input type="checkbox"/>	Overgrown cuticle <input type="checkbox"/>	Cuts or abrasions <input type="checkbox"/>
Nail condition	Discoloured <input type="checkbox"/>	Misshapen <input type="checkbox"/>	Split <input type="checkbox"/>
	Brittle <input type="checkbox"/>	Pitted <input type="checkbox"/>	Flaky <input type="checkbox"/>
	Bitten <input type="checkbox"/>	Beau's lines <input type="checkbox"/>	Ridges <input type="checkbox"/>
Advice given	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>	Post-service restrictions <input type="checkbox"/>
	Additional retail products and services <input type="checkbox"/>		
Agreed course of service			
Gel polish application carried out	French polish <input type="checkbox"/>	Dark polish <input type="checkbox"/>	Light polish <input type="checkbox"/>
	Fingernails <input type="checkbox"/>	Toe nails <input type="checkbox"/>	
Justification for service, products and equipment used			



Products and further services 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:



Portfolio reference:

Evidence	Non-graded treatment portfolio <input type="checkbox"/>		
UBT146X Manual tan application			
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"/>		
Limiting factors	Contra-indications <input type="checkbox"/>	Adverse skin 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"/>
Use of PPE	Gloves <input type="checkbox"/>	Apron <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"/>		
Agreed course of treatment			
Areas of special consideration			
Skin types and conditions	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>	Combination <input type="checkbox"/>
	Sensitive <input type="checkbox"/>	Dehydrated <input type="checkbox"/>	Mature <input type="checkbox"/>
Treatment areas	Full body and face <input type="checkbox"/>	Body only <input type="checkbox"/>	
Products and equipment	Cleansers <input type="checkbox"/>	Exfoliators <input type="checkbox"/>	Tanning products <input type="checkbox"/>
	Barrier cream <input type="checkbox"/>	Moisturiser <input type="checkbox"/>	Sanitising solution and sterilising solution <input type="checkbox"/>
	Tanning correctors <input type="checkbox"/>	Buffing mitt <input type="checkbox"/>	Disposable pants <input type="checkbox"/>
	Disposable bra, stick on modesty underwear <input type="checkbox"/>	Hair nets <input type="checkbox"/>	
Justification for treatment, products and equipment used			



Products and further treatments recommended		
Client comments		
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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:



Portfolio reference:

Evidence	Non-graded service portfolio <input type="checkbox"/>		
UBT231X Threading services			
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 services <input type="checkbox"/>
	Benefits <input type="checkbox"/>		
Previous service to area	Tweezing <input type="checkbox"/>	Shaving <input type="checkbox"/>	Depilatory creams <input type="checkbox"/>
	Abrasive mitts <input type="checkbox"/>	Sugaring <input type="checkbox"/>	Threading <input type="checkbox"/>
	Electrical epilation <input type="checkbox"/>	Electrical depilatory <input type="checkbox"/>	Intense pulsed light <input type="checkbox"/>
	Laser <input type="checkbox"/>	Waxing <input type="checkbox"/>	
Skin and hair condition	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>	Sensitive <input type="checkbox"/>
	Mature <input type="checkbox"/>	Terminal hair <input type="checkbox"/>	Vellus hair <input type="checkbox"/>
Advice given	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>	Post-service restrictions <input type="checkbox"/>
	Additional retail products and services <input type="checkbox"/>		
Agreed course of service			
Threading service carried out	Eyebrow re-shape <input type="checkbox"/>	Eyebrow tidy/maintenance <input type="checkbox"/>	Upper lip <input type="checkbox"/>
	Chin/side of face <input type="checkbox"/>		
Threading technique used	Mouth <input type="checkbox"/>	Hand <input type="checkbox"/>	Neck <input type="checkbox"/>
Justification for service, products and equipment used			



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Learner comments		
	Learner signature:	
Assessor(s) comments		
	Assessor(s) signature:	Date:



Portfolio reference:

Evidence	Non-graded service portfolio <input type="checkbox"/>		
UBT216X Nail art services			
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 services <input type="checkbox"/>
	Benefits <input type="checkbox"/>		
Skin and cuticle condition	Dry <input type="checkbox"/>	Excessively dry <input type="checkbox"/>	Normal <input type="checkbox"/>
	Hang nails <input type="checkbox"/>	Overgrown cuticle <input type="checkbox"/>	Cuts or abrasions <input type="checkbox"/>
Nail condition	Discoloured <input type="checkbox"/>	Misshapen <input type="checkbox"/>	Split/flaky <input type="checkbox"/>
	Brittle <input type="checkbox"/>	Pitted <input type="checkbox"/>	Leuconychia <input type="checkbox"/>
	Bitten <input type="checkbox"/>	Beau's lines <input type="checkbox"/>	Longitudinal ridges <input type="checkbox"/>
Nail shapes	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>	Spoon <input type="checkbox"/>
	Oval <input type="checkbox"/>	Square <input type="checkbox"/>	
Advice given	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>	Post-service restrictions <input type="checkbox"/>
	Additional retail products and services <input type="checkbox"/>		
Agreed course of service			
Nail art techniques carried out	Transfers <input type="checkbox"/>	Wraps <input type="checkbox"/>	Glitter <input type="checkbox"/>
	Embellishments <input type="checkbox"/>	Marbling <input type="checkbox"/>	Striping <input type="checkbox"/>
	Dotting <input type="checkbox"/>	Freehand <input type="checkbox"/>	Leaf <input type="checkbox"/>
	Colour blending <input type="checkbox"/>	Colour fading <input type="checkbox"/>	
Justification for service, products and equipment used			



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Learner comments		
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Assessor(s) comments		
	Assessor(s) signature:	Date: