


Portfolio reference:

Evidence	Non-graded service portfolio <input type="checkbox"/>		
UBT114X Design and apply nail art			
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"/>	Effects of and limitations to other services <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 services 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 products and their use <input type="checkbox"/>	Avoidance of activities which may cause contra-actions <input type="checkbox"/>	Time intervals between services <input type="checkbox"/>
	Additional products and services <input type="checkbox"/>		
Nail conditions	Longitudinal ridges <input type="checkbox"/>	Beau's Lines <input type="checkbox"/>	Leuconychia <input type="checkbox"/>
	Hangnails <input type="checkbox"/>	Eggshell nails <input type="checkbox"/>	Discoloured nails <input type="checkbox"/>
	Pterygium <input type="checkbox"/>	Broken <input type="checkbox"/>	Split <input type="checkbox"/>
	Dry <input type="checkbox"/>	Brittle <input type="checkbox"/>	Nail separation <input type="checkbox"/>
	Other <input type="checkbox"/>		
	If other explain:		
Nail shape	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>	Spoon <input type="checkbox"/>
	Bitten <input type="checkbox"/>	Oval <input type="checkbox"/>	Square <input type="checkbox"/>
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Flaky <input type="checkbox"/>
	Callus <input type="checkbox"/>	Corns <input type="checkbox"/>	Hard skin <input type="checkbox"/>
	Cuts and abrasions <input type="checkbox"/>	Blisters <input type="checkbox"/>	Bruising <input type="checkbox"/>
	Hangnails <input type="checkbox"/>		



Service outcome	3D <input type="checkbox"/>	2D <input type="checkbox"/>	Embedding <input type="checkbox"/>
	Alternative tip shapes <input type="checkbox"/>		
Techniques used	Custom blending <input type="checkbox"/>	Colour fading <input type="checkbox"/>	Marbling <input type="checkbox"/>
	Painting <input type="checkbox"/>	Imprinting <input type="checkbox"/>	
Products used	Fabrics <input type="checkbox"/>	Glitters <input type="checkbox"/>	Jewels <input type="checkbox"/>
	Decals <input type="checkbox"/>	Embellishments <input type="checkbox"/>	Coloured powders <input type="checkbox"/>
	Coloured UV gels <input type="checkbox"/>	Dehydrator <input type="checkbox"/>	Sanitiser <input type="checkbox"/>
	Base coat <input type="checkbox"/>	Colour enamels <input type="checkbox"/>	Enamel secures <input type="checkbox"/>
	Adhesive <input type="checkbox"/>	Sealant <input type="checkbox"/>	Hand cream <input type="checkbox"/>
	Lotion <input type="checkbox"/>	Cuticle oil <input type="checkbox"/>	
Tools and equipment used	Cuticle pusher <input type="checkbox"/>	Cuticle nippers <input type="checkbox"/>	Tip cutters <input type="checkbox"/>
	Nail clippers/Scissors <input type="checkbox"/>	Files and buffers <input type="checkbox"/>	Stiff bristled nail brush <input type="checkbox"/>
	Product application products <input type="checkbox"/>	Nail art brushes (fine, stripping, shading, fan) <input type="checkbox"/>	Dotting tools <input type="checkbox"/>
	Stamps <input type="checkbox"/>		
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 service portfolio <input type="checkbox"/>		
UBT117X Gel polish for nails			
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"/>	Effects of and limitations to other services <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 services 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	Suitable products and there uses <input type="checkbox"/>	Avoidance of activities which may cause contra-actions <input type="checkbox"/>	The recommended timings between gel polish applications <input type="checkbox"/>
	Homecare routines <input type="checkbox"/>	Suitable aftercare advice <input type="checkbox"/>	
Nail conditions	Longitudinal ridges <input type="checkbox"/>	Beau's Lines <input type="checkbox"/>	Leuconychia <input type="checkbox"/>
	Hangnails <input type="checkbox"/>	Eggshell nails <input type="checkbox"/>	Discoloured nails <input type="checkbox"/>
	Pterygium <input type="checkbox"/>	Broken <input type="checkbox"/>	Split <input type="checkbox"/>
	Dry <input type="checkbox"/>	Brittle <input type="checkbox"/>	Nail separation <input type="checkbox"/>
	Other <input type="checkbox"/>		
	If other explain:		
Nail shape	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>	Spoon <input type="checkbox"/>
	Bitten <input type="checkbox"/>	Oval <input type="checkbox"/>	Square <input type="checkbox"/>
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Flaky <input type="checkbox"/>
	Callus <input type="checkbox"/>	Corns <input type="checkbox"/>	Hard skin <input type="checkbox"/>
	Cuts and abrasions <input type="checkbox"/>	Blisters <input type="checkbox"/>	Bruising <input type="checkbox"/>
	Hangnails <input type="checkbox"/>		
Applied gel polish to	Fingernails <input type="checkbox"/>	Toenails <input type="checkbox"/>	
Type of finish used	Dark colour <input type="checkbox"/>	Light colour <input type="checkbox"/>	French <input type="checkbox"/>
	Base coat <input type="checkbox"/>	Top coat <input type="checkbox"/>	Create a design on the nails using gel polish <input type="checkbox"/>
Type of removal techniques used	Manual <input type="checkbox"/>	Chemical <input type="checkbox"/>	



Justification for service, products, tools, equipment and techniques 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 service portfolio <input type="checkbox"/>		
UBT125X Asian bridal make-up			
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"/>	Effects of and limitations to other services <input type="checkbox"/>	Changes to existing care routine <input type="checkbox"/>
Limiting factors	Contra-indications <input type="checkbox"/>	Adverse skin conditions <input type="checkbox"/>	Results of previous services 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	Recommendations for products to use at home <input type="checkbox"/>	Aftercare, including removal <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>
	Additional products and services <input type="checkbox"/>		
Services objective			
Skin type and conditions	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Dehydrated <input type="checkbox"/>
	Sensitive <input type="checkbox"/>	Mature <input type="checkbox"/>	
Wedding make-up looks to cover	Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>	Islamic <input type="checkbox"/>
Techniques used	Blending <input type="checkbox"/>	Shading <input type="checkbox"/>	Highlighting <input type="checkbox"/>
Colours used	Red <input type="checkbox"/>	Green <input type="checkbox"/>	Gold <input type="checkbox"/>
	Silver <input type="checkbox"/>	Yellow <input type="checkbox"/>	Pink <input type="checkbox"/>
Adornments used	Bindis <input type="checkbox"/>	Tikka <input type="checkbox"/>	Glitter <input type="checkbox"/>
	Gems <input type="checkbox"/>	Stencils <input type="checkbox"/>	Free hand designs <input type="checkbox"/>
	Spirit gum <input type="checkbox"/>		
Products and equipment	Couch or chair <input type="checkbox"/>	Stool and trolley <input type="checkbox"/>	Foundation sponges or brushes <input type="checkbox"/>
	Make-up brushes <input type="checkbox"/>	Mixing palette <input type="checkbox"/>	Mirror <input type="checkbox"/>
	Strip eyelashes <input type="checkbox"/>	Eyelash curlers <input type="checkbox"/>	Tweezers <input type="checkbox"/>
	Correct application sequence completed to meet make-up design plan <input type="checkbox"/>		
Base	Tone moisturise <input type="checkbox"/>	Primer <input type="checkbox"/>	Colour correct <input type="checkbox"/>
	Conceal <input type="checkbox"/>	Shading <input type="checkbox"/>	Highlighting <input type="checkbox"/>
	Translucent/Setting powder <input type="checkbox"/>	Foundations <input type="checkbox"/>	Bronzer <input type="checkbox"/>



Eyebrows	Brush through <input type="checkbox"/>	Eyebrow products (gel, powders, liners) <input type="checkbox"/>	Fixing wax <input type="checkbox"/>
	Clear mascara <input type="checkbox"/>		
Eyes	Base colours <input type="checkbox"/>	Eye shadow colours <input type="checkbox"/>	Eye liners <input type="checkbox"/>
	Mascara <input type="checkbox"/>	Strip eyelashes <input type="checkbox"/>	
Blusher	Apply to cheek area <input type="checkbox"/>	Highlight <input type="checkbox"/>	Contour <input type="checkbox"/>
	Shade <input type="checkbox"/>		
Lips	Base <input type="checkbox"/>	Lip liner <input type="checkbox"/>	Lipsticks <input type="checkbox"/>
	Lip stains <input type="checkbox"/>	Lip glosses <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 service portfolio <input type="checkbox"/>		
UBT133X Deliver a make-up demonstration			
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"/>	Effects of and limitations to other services <input type="checkbox"/>	Changes to existing care routine <input type="checkbox"/>
Limiting factors	Contra-indications <input type="checkbox"/>	Adverse skin conditions <input type="checkbox"/>	Results of previous services 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	Recommendations for products to use at home <input type="checkbox"/>	Aftercare, including removal <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>
	Additional products and services <input type="checkbox"/>		
Equipment used	Couch or chair <input type="checkbox"/>	Stool and trolley <input type="checkbox"/>	Foundation sponges or brushes <input type="checkbox"/>
	Make-up brushes <input type="checkbox"/>	Mixing palette <input type="checkbox"/>	Mirror <input type="checkbox"/>
Products used	Eye make-up remover <input type="checkbox"/>	Cleansing lotions, milks, creams, foams, oils or gels <input type="checkbox"/>	Skin toners, fresheners, astringents or tonics <input type="checkbox"/>
	Moisturising creams <input type="checkbox"/>	Eye creams or gels <input type="checkbox"/>	Serums <input type="checkbox"/>
Base	Pre-base products (mattifying, light reflective, anti-ageing) <input type="checkbox"/>	Colour corrective products (lilac, green, orange) <input type="checkbox"/>	Foundations (cream, liquid, mousse, gel, blocks, compacts, cakes, light reflecting, all-in-one, mineral, matt) Tinted moisturisers <input type="checkbox"/>
	Concealers (cream, stick, liquid) <input type="checkbox"/>	Face powders (loose, compact, mineral, light reflecting, shimmer) <input type="checkbox"/>	
Powders	Bronzing products (powder, gel, liquid) <input type="checkbox"/>	Shaders, highlighters <input type="checkbox"/>	Cheek products (cream, powder, liquid tints, mineral-based) <input type="checkbox"/>
Eyes	Eyebrow products (pencils, powders, gels) <input type="checkbox"/>	Eye shadow (powders, cream, water colours, mineral, pigment) <input type="checkbox"/>	Eye liner products (liquid, gel, kohl pencil, pencil, cake) <input type="checkbox"/>
	Mascara (waterproof and non-waterproof) <input type="checkbox"/>		
Lips	Lip liner <input type="checkbox"/>	Lipstick <input type="checkbox"/>	Lip gloss <input type="checkbox"/>
	Setting sprays <input type="checkbox"/>		



Resources used	Tools and equipment <input type="checkbox"/>	Products <input type="checkbox"/>	Time <input type="checkbox"/>
	People <input type="checkbox"/>		
Techniques used	Precision base application <input type="checkbox"/>	Highlighting and shading <input type="checkbox"/>	Concealing <input type="checkbox"/>
	Blending <input type="checkbox"/>	Stippling <input type="checkbox"/>	Eye products <input type="checkbox"/>
	Lip products <input type="checkbox"/>	Colour mixing <input type="checkbox"/>	
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 service portfolio <input type="checkbox"/>		
UBT134X Hair-up styles for special occasions			
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"/>	Effects of and limitations to other services <input type="checkbox"/>	Changes to existing care routine <input type="checkbox"/>
Limiting factors	Adverse hair conditions <input type="checkbox"/>	Adverse skin conditions <input type="checkbox"/>	Results of previous services and products used <input type="checkbox"/>
	Client's lifestyles <input type="checkbox"/>	Sensitivity test results <input type="checkbox"/>	Contra-indications <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-service restrictions <input type="checkbox"/>
	Additional retail products and services <input type="checkbox"/>		
Service objective			
Hair type	Long <input type="checkbox"/>	Short <input type="checkbox"/>	
Tools used	Round brushes <input type="checkbox"/>	Bristle <input type="checkbox"/>	Vent brush <input type="checkbox"/>
	Flat brushes <input type="checkbox"/>	Pintail brush <input type="checkbox"/>	Wide tooth combs <input type="checkbox"/>
	Wide and narrow tooth comb <input type="checkbox"/>	Dressing comb <input type="checkbox"/>	Tail comb <input type="checkbox"/>
	Sectioning clips/clamps <input type="checkbox"/>	Pin curl clips <input type="checkbox"/>	
Temporary hair attachments used	Special occasion <input type="checkbox"/>	Wefts on a wire <input type="checkbox"/>	Clip in weft <input type="checkbox"/>
	Ponytails <input type="checkbox"/>	Crown volumiser <input type="checkbox"/>	Taped wefts <input type="checkbox"/>
	Micro ring/loop <input type="checkbox"/>	Sewn in weft <input type="checkbox"/>	
Hair enhancement used	Bun ring <input type="checkbox"/>	Doughnuts <input type="checkbox"/>	Rolls <input type="checkbox"/>
	Tubes <input type="checkbox"/>	Spherical/round/oval shapes <input type="checkbox"/>	
Hair accessories used	Hair clips <input type="checkbox"/>	Slides <input type="checkbox"/>	Pins <input type="checkbox"/>
	Crowns <input type="checkbox"/>	Tiaras <input type="checkbox"/>	Bridal veils <input type="checkbox"/>
	Fascinators <input type="checkbox"/>	Hats <input type="checkbox"/>	Feathers <input type="checkbox"/>
	Barrettes <input type="checkbox"/>	Side combs <input type="checkbox"/>	Flowers <input type="checkbox"/>
	Alice bands <input type="checkbox"/>	Garlands <input type="checkbox"/>	Bandos <input type="checkbox"/>
	Head chain <input type="checkbox"/>	Bulldog clips etc. <input type="checkbox"/>	
Influencing factors	Hair classification <input type="checkbox"/>	Hair characteristics <input type="checkbox"/>	Head shape <input type="checkbox"/>
	Face shape <input type="checkbox"/>	Body shape <input type="checkbox"/>	Hair length <input type="checkbox"/>
	Hair density <input type="checkbox"/>	Client lifestyle <input type="checkbox"/>	Client requirements <input type="checkbox"/>



Products and equipment	Serum, gel, wax, blow dry and setting lotion/cream <input type="checkbox"/>	Moisturiser/oils <input type="checkbox"/>	Hair spray <input type="checkbox"/>
	Finishing spray/mist/gloss <input type="checkbox"/>	Hair gloss lotion/cream <input type="checkbox"/>	Hand dryer <input type="checkbox"/>
	Diffuser <input type="checkbox"/>	Nozzle <input type="checkbox"/>	Hot brush <input type="checkbox"/>
	Curling tongs/irons/wands <input type="checkbox"/>	Straighteners/flat irons <input type="checkbox"/>	Head rollers/hot pod rollers/ heated bendy rollers <input type="checkbox"/>
	Hood dryer <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"/>	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 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"/>		
Agreed course of treatment			
Skin type	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>
	Combination <input type="checkbox"/>		
Use of PPE	Gloves <input type="checkbox"/>	Apron <input type="checkbox"/>	
Skin conditions	Sensitive <input type="checkbox"/>	Dehydrated <input type="checkbox"/>	Mature <input type="checkbox"/>
	Medication and health concerns <input type="checkbox"/>		
Areas of special considerations			
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 (creams, gels) <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		
	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"/>		
UBT153X Spray tanning			
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 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"/>		
Agreed a course of treatment			
Skin type	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>
	Combination <input type="checkbox"/>		
Use of PPE by therapist	Gloves <input type="checkbox"/>	Apron <input type="checkbox"/>	Mask <input type="checkbox"/>
Use of PPE by client	Hair net <input type="checkbox"/>	Disposable pants <input type="checkbox"/>	Disposable bra/stick-on modesty underwear <input type="checkbox"/>
	Nose plug <input type="checkbox"/>		
Skin conditions	Sensitive <input type="checkbox"/>	Dehydrated <input type="checkbox"/>	Mature <input type="checkbox"/>
	Medication and health concerns <input type="checkbox"/>		
Areas of special considerations			
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 – spray tan liquid, barrier cream, moisturiser, sanitising solution and sterilising solution, tanning correctors <input type="checkbox"/>
	Buffing mitt <input type="checkbox"/>	Compressor <input type="checkbox"/>	Disposable pants <input type="checkbox"/>
	Disposable bra <input type="checkbox"/>	Stick-on modesty underwear <input type="checkbox"/>	Hair net <input type="checkbox"/>
	Nose plug <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 comments		
	Assessor signature:	Date: