



Portfolio reference:

Evidence	Non-graded treatment portfolio <input type="checkbox"/>		
UBT107X Spa pedicure			
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	Discoloured <input type="checkbox"/>	Misshapen <input type="checkbox"/>	Split <input type="checkbox"/>
	Ridged <input type="checkbox"/>	Dry <input type="checkbox"/>	Dehydrated <input type="checkbox"/>
	Brittle <input type="checkbox"/>	Pitted <input type="checkbox"/>	Beau's lines <input type="checkbox"/>



Nail conditions (continued)	Blue nail <input type="checkbox"/>	Bruised nails <input type="checkbox"/>	Flaking nails <input type="checkbox"/>
	Hang nails <input type="checkbox"/>	Koilonychia <input type="checkbox"/>	Lamella dystrophy <input type="checkbox"/>
	Leuconychia <input type="checkbox"/>	Onychatrophia <input type="checkbox"/>	Onychauxis <input type="checkbox"/>
	Onychia <input type="checkbox"/>	Onychocryptosis <input type="checkbox"/>	Onychogryphosis <input type="checkbox"/>
	Onycholysis <input type="checkbox"/>	Onychomycosis (tinea unguium) <input type="checkbox"/>	Onychophagy <input type="checkbox"/>
	Onychoptosis <input type="checkbox"/>	Onychorrhexis <input type="checkbox"/>	Paronychia (whitlow) <input type="checkbox"/>
	Pterygium <input type="checkbox"/>	Sepsis transverse ridges <input type="checkbox"/>	Vertical ridges Petrissage <input type="checkbox"/>
	Weak nails <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"/>
	Cuticle massage cream and oil <input type="checkbox"/>	Cuticle remover <input type="checkbox"/>	Exfoliation products <input type="checkbox"/>
	Callus remover <input type="checkbox"/>	Foot masks <input type="checkbox"/>	Paraffin wax <input type="checkbox"/>
	Massage mediums, pre-blended aromatherapy oils or creams <input type="checkbox"/>	Base coat <input type="checkbox"/>	Ridge filler <input type="checkbox"/>
	Nail enamel – frosted and pearl, cream, light, dark, French polish <input type="checkbox"/>	Top coat <input type="checkbox"/>	Nail enamel dryer <input type="checkbox"/>
Specialist treatment provided	Exfoliation <input type="checkbox"/>	Hot or cold stones massage <input type="checkbox"/>	Warm towels <input type="checkbox"/>
	Warm oil <input type="checkbox"/>	Callous removal treatment <input type="checkbox"/>	Paraffin wax <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:



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:



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 treatment portfolio <input type="checkbox"/>		
UBT123X Individual eyelash extensions			
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	Adverse hair conditions <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"/>	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	Avoidance of activities which may cause contra-actions <input type="checkbox"/>	Recommended time intervals between treatments <input type="checkbox"/>	Suitable homecare products and their uses <input type="checkbox"/>
	Present and future treatments and products <input type="checkbox"/>		
Treatment application	A full set of individual eyelash extensions <input type="checkbox"/>	A partial set of individual eyelash extensions <input type="checkbox"/>	A complete set of infills (maintenance) <input type="checkbox"/>
Equipment used	Magnifying lamp <input type="checkbox"/>	Towels <input type="checkbox"/>	Disposable paper roll <input type="checkbox"/>
	Tissue <input type="checkbox"/>	Cotton wool <input type="checkbox"/>	Pillow <input type="checkbox"/>
	Headband <input type="checkbox"/>		
Tools used	Micropore tape <input type="checkbox"/>	Air blower <input type="checkbox"/>	X-type tweezers <input type="checkbox"/>
	Straight tweezers with fine point <input type="checkbox"/>	Disposable brushes and sponges where appropriate <input type="checkbox"/>	Lash extension holder <input type="checkbox"/>
	Lash mat <input type="checkbox"/>		
Products used	Non-oily eye cleanser <input type="checkbox"/>	Pre-lash primer <input type="checkbox"/>	Adhesives <input type="checkbox"/>
	Eyelash extensions (various lengths, curvature, colour, thickness) <input type="checkbox"/>	Adhesive remover <input type="checkbox"/>	Eye gel patches <input type="checkbox"/>
	Eye wash solution <input type="checkbox"/>	Antiseptic swabs <input type="checkbox"/>	Hand sanitiser <input type="checkbox"/>



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"/>		
UBT136X Electrical epilation			
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	Adverse hair conditions <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"/>	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-treatment restrictions <input type="checkbox"/>
	Additional retail products and treatments <input type="checkbox"/>		
Treatment 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"/>	
Hair type	Fine <input type="checkbox"/>	Coarse <input type="checkbox"/>	Curly <input type="checkbox"/>
Areas treated	Upper lip <input type="checkbox"/>	Chin <input type="checkbox"/>	Bikini <input type="checkbox"/>
	Underarm and neck <input type="checkbox"/>	Eyebrows <input type="checkbox"/>	
Influencing factors	Current sensitivity levels <input type="checkbox"/>	Skin condition <input type="checkbox"/>	Medication and health concerns <input type="checkbox"/>
Products and equipment	Diathermy machine <input type="checkbox"/>	Blend/galvanic machine <input type="checkbox"/>	Magnifying lamp <input type="checkbox"/>
	Selection of needles <input type="checkbox"/>	Probe <input type="checkbox"/>	Sharps box <input type="checkbox"/>
	Tweezers <input type="checkbox"/>	Couch <input type="checkbox"/>	Stool and trolley <input type="checkbox"/>
	Cleansing medium <input type="checkbox"/>	Tinted antiseptic cream <input type="checkbox"/>	Aftercare lotion <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"/>		
UBT139X Male intimate waxing			
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	Adverse hair conditions <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"/>	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-treatment restrictions <input type="checkbox"/>
	Additional retail products and treatments <input type="checkbox"/>		
Consultation and agreed treatment			
Treatment type	Lower back <input type="checkbox"/>	Buttocks <input type="checkbox"/>	Anal area <input type="checkbox"/>
	Scrotum and penis <input type="checkbox"/>		
Used all products	Hot wax <input type="checkbox"/>	Warm wax <input type="checkbox"/>	Pre-wax preparation products <input type="checkbox"/>
	Post-wax products <input type="checkbox"/>		
Skin conditions and areas of special consideration			
Equipment	Couch Trolley <input type="checkbox"/>	Towels <input type="checkbox"/>	Additional support <input type="checkbox"/>
	Couch roll <input type="checkbox"/>	Tissues <input type="checkbox"/>	Cotton wool <input type="checkbox"/>
	Gloves <input type="checkbox"/>	Disposable thongs <input type="checkbox"/>	Spatulas <input type="checkbox"/>
	Tweezers <input type="checkbox"/>	Scissors <input type="checkbox"/>	Bowls <input type="checkbox"/>
	Sterilising or disinfecting solution <input type="checkbox"/>	Waste disposal <input type="checkbox"/>	Mirror <input type="checkbox"/>
	Shaping templates <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"/>		
UBT140X Female intimate waxing			
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	Adverse hair conditions <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"/>	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-treatment restrictions <input type="checkbox"/>
	Additional retail products and treatments <input type="checkbox"/>		
Consultation and agreed treatment			
Treatment type	Brazilian <input type="checkbox"/>	Hollywood <input type="checkbox"/>	Playboy <input type="checkbox"/>
	Las Vegas <input type="checkbox"/>	California <input type="checkbox"/>	Bollywood <input type="checkbox"/>
	Shaping applications <input type="checkbox"/>		
Used all products	Hot wax <input type="checkbox"/>	Warm wax <input type="checkbox"/>	Pre-wax preparation products <input type="checkbox"/>
	Post-wax products <input type="checkbox"/>		
Skin conditions and areas of special consideration			
Equipment	Couch trolley <input type="checkbox"/>	Towels <input type="checkbox"/>	Additional support <input type="checkbox"/>
	Couch roll <input type="checkbox"/>	Tissues <input type="checkbox"/>	Cotton wool <input type="checkbox"/>
	Gloves <input type="checkbox"/>	Disposable thongs <input type="checkbox"/>	Spatulas <input type="checkbox"/>
	Tweezers <input type="checkbox"/>	Scissors <input type="checkbox"/>	Bowls <input type="checkbox"/>
	Sterilising or disinfecting solution <input type="checkbox"/>	Waste disposal <input type="checkbox"/>	Shaping templates <input type="checkbox"/>
	Adornments <input type="checkbox"/>	Mirror <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"/>		
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:



Portfolio reference:

Evidence	Non-graded service portfolio <input type="checkbox"/>		
UBT87X False eyelash 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 services <input type="checkbox"/>
	Benefits <input type="checkbox"/>		
Patch test	Date:	Positive <input type="checkbox"/>	Negative <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			
Products used	Non-oily eye cleanser <input type="checkbox"/>	Eyelash adhesive <input type="checkbox"/>	Eye wash solution <input type="checkbox"/>
	Adhesive remover <input type="checkbox"/>		
False eyelashes used	Strip eyelashes <input type="checkbox"/>	Flare eyelashes <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: