



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: