



## Portfolio reference:

Graded practical assessment	Pass <input type="checkbox"/>	Merit <input type="checkbox"/>	Distinction <input type="checkbox"/>
Evidence	Treatment portfolio <input type="checkbox"/>		

### UBT196M Manicure treatments

<b>Learner name:</b>			
<b>Assessors name:</b>			
<b>Date:</b>			
<b>Time:</b>	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"/>		
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-treatment restrictions <input type="checkbox"/>
	Additional retail products and treatments <input type="checkbox"/>		
Agreed course of treatment			
Manicure treatment carried out	French polish <input type="checkbox"/>	Dark polish <input type="checkbox"/>	Buffed finish <input type="checkbox"/>
	Exfoliation product <input type="checkbox"/>	Hand mask <input type="checkbox"/>	Paraffin wax <input type="checkbox"/>
	Warm oil <input type="checkbox"/>	Heated mitts <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	<b>Clients signature:</b>
Self evaluation	<b>What went well today?</b>	<b>What could have gone better?</b>
	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Learner comments		
	<b>Learner signature:</b>	
Assessor(s) comments		
	<b>Assessor(s) signature:</b>	<b>Date:</b>



## Portfolio reference:

Graded practical assessment	Pass <input type="checkbox"/>	Merit <input type="checkbox"/>	Distinction <input type="checkbox"/>
Evidence	Treatment portfolio <input type="checkbox"/>		

### UBT197M Pedicure treatments

<b>Learner name:</b>						
<b>Assessors name:</b>						
<b>Date:</b>						
<b>Time:</b>	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"/>					
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-treatment restrictions <input type="checkbox"/>			
	Additional retail products and treatments <input type="checkbox"/>					
Agreed course of treatment						
Pedicure treatment carried out	French polish <input type="checkbox"/>	Dark polish <input type="checkbox"/>	Buffed finish <input type="checkbox"/>			
	Exfoliation product <input type="checkbox"/>	Hand mask <input type="checkbox"/>	Paraffin wax <input type="checkbox"/>			
	Warm oil <input type="checkbox"/>	Hand mitts <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	<b>Clients signature:</b>
Self evaluation	<b>What went well today?</b>	<b>What could have gone better?</b>
	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Learner comments		
	<b>Learner signature:</b>	
Assessor(s) comments		
	<b>Assessor(s) signature:</b>	<b>Date:</b>



## Portfolio reference:

Graded practical assessment	Pass <input type="checkbox"/>	Merit <input type="checkbox"/>	Distinction <input type="checkbox"/>
Evidence	Service portfolio <input type="checkbox"/>		

### UBT198M Waxing services

<b>Learner name:</b>						
<b>Assessors name:</b>						
<b>Date:</b>						
<b>Time:</b>	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						
Waxing service carried out	Full leg wax <input type="checkbox"/>	Half leg wax <input type="checkbox"/>	Underarm wax <input type="checkbox"/>			
	Bikini line wax <input type="checkbox"/>	Lip wax <input type="checkbox"/>	Chin wax <input type="checkbox"/>			
	Eyebrow wax <input type="checkbox"/>	Hot wax <input type="checkbox"/>	Warm wax <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	<b>Clients signature:</b>
Self evaluation	<b>What went well today?</b>	<b>What could have gone better?</b>
	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Learner comments		
	<b>Learner signature:</b>	
Assessor(s) comments		
	<b>Assessor(s) signature:</b>	<b>Date:</b>



## Portfolio reference:

Graded practical assessment	Pass <input type="checkbox"/>	Merit <input type="checkbox"/>	Distinction <input type="checkbox"/>
Evidence	Treatment portfolio <input type="checkbox"/>		

### UBT194M Facial treatments

<b>Learner name:</b>						
<b>Assessors name:</b>						
<b>Date:</b>						
<b>Time:</b>	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"/>					
Skin types and conditions	Oily <input type="checkbox"/>	Dry <input type="checkbox"/>	Combination <input type="checkbox"/>			
	Dehydrated <input type="checkbox"/>	Mature <input type="checkbox"/>	Sensitive <input type="checkbox"/>			
Skin warming	Steamer <input type="checkbox"/>	Hot towels <input type="checkbox"/>	Extraction <input type="checkbox"/>			
Massage techniques	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Tapotement <input type="checkbox"/>			
	Frictions <input type="checkbox"/>	Vibrations <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						
Products used	Eye make-up remover <input type="checkbox"/>	Cleanser <input type="checkbox"/>	Toner <input type="checkbox"/>			
	Exfoliator <input type="checkbox"/>	Setting mask <input type="checkbox"/>	Non setting mask <input type="checkbox"/>			
	Massage cream <input type="checkbox"/>	Massage oil <input type="checkbox"/>	Moisturiser <input type="checkbox"/>			
	Serum <input type="checkbox"/>	Eye product <input type="checkbox"/>	Neck cream <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	<b>Clients signature:</b>
Self evaluation	<b>What went well today?</b>	<b>What could have gone better?</b>
	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Learner comments		
	<b>Learner signature:</b>	
Assessor(s) comments		
	<b>Assessor(s) signature:</b>	<b>Date:</b>





**Portfolio reference:**

Graded practical assessment	Pass <input type="checkbox"/>	Merit <input type="checkbox"/>	Distinction <input type="checkbox"/>
Evidence	Treatment portfolio <input type="checkbox"/>		

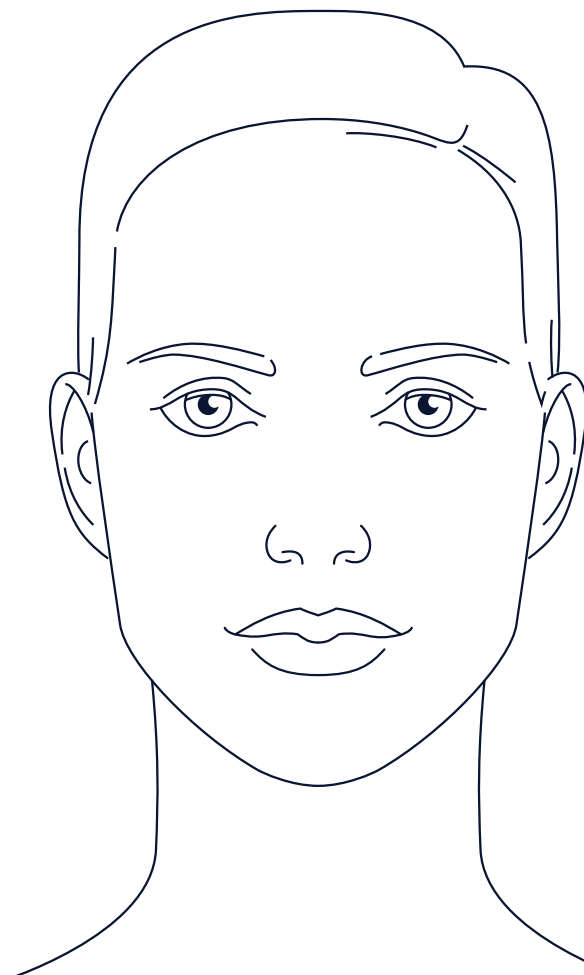
**UBT195M Skin type analysis**

<b>Learner name:</b>			
<b>Assessors name:</b>			
<b>Date:</b>			
<b>Time:</b>	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"/>
Advice given	Recommendations for treatment, courses of treatment <input type="checkbox"/>	Additional products and treatments <input type="checkbox"/>	Improvements to posture, diet, lifestyle <input type="checkbox"/>
	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>	Post-treatment restrictions <input type="checkbox"/>
Agreed course of treatment			
Physical exercise	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Regularly <input type="checkbox"/>
	Type of exercise taken:		
Diet			
Fluid intake			
Skin type	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>
	Combination <input type="checkbox"/>		
Skin condition	Sensitive <input type="checkbox"/>	Mature <input type="checkbox"/>	
Skin reaction levels	Heat <input type="checkbox"/>	Spices <input type="checkbox"/>	Alcohol <input type="checkbox"/>
	Chemicals <input type="checkbox"/>	Fragrance <input type="checkbox"/>	



Condition	Code used
Acne	
Blackheads/Comedones	
Whiteheads/Papules/ Pustules	
Lines and wrinkles	
Sun damage	
Rosacea	
Congestion	
Dehydration	
Dilated capillaries/ Vascular	
Pigmentation	
Milia	

On the diagram provided record identify areas of concern





Justification for treatment, products and equipment used		
Products and equipment recommended		
Client comments		
	I confirm that I have received aftercare advice	<b>Clients signature:</b>
	<b>What went well today?</b>	<b>What could have gone better?</b>
Self evaluation	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Learner comments		
	<b>Learner signature:</b>	
Assessor(s) comments		
	<b>Assessor(s) signature:</b>	<b>Date:</b>



## Portfolio reference:

Graded practical assessment	Pass <input type="checkbox"/>	Merit <input type="checkbox"/>	Distinction <input type="checkbox"/>
Evidence	Service portfolio <input type="checkbox"/>		
<b>UBT199M Eyebrow shaping services</b>			
<b>Learner name:</b>			
<b>Assessors name:</b>			
<b>Date:</b>			
<b>Time:</b>	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"/>		
Eyebrow shape required	Angular <input type="checkbox"/>	Rounded <input type="checkbox"/>	Arched <input type="checkbox"/>
Eye position	Close set <input type="checkbox"/>	Wide set <input type="checkbox"/>	Normal <input type="checkbox"/>
Face shape	Round <input type="checkbox"/>	Square <input type="checkbox"/>	Heart <input type="checkbox"/>
	Diamond <input type="checkbox"/>	Oblong <input type="checkbox"/>	Pear <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			
Eyebrow shaping service carried out	Eyebrow tidy <input type="checkbox"/>	Eyebrow shape <input type="checkbox"/>	Manual tweezers <input type="checkbox"/>
	Automatic tweezers <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	<b>Clients signature:</b>
Self evaluation	<b>What went well today?</b>	<b>What could have gone better?</b>
	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Learner comments		
	<b>Learner signature:</b>	
Assessor(s) comments		
	<b>Assessor(s) signature:</b>	<b>Date:</b>



**Portfolio reference:**

Graded practical assessment	Pass <input type="checkbox"/>	Merit <input type="checkbox"/>	Distinction <input type="checkbox"/>
Evidence	Treatment portfolio <input type="checkbox"/>		

**UBT200M Eyelash and eyebrow tinting services**

<b>Learner name:</b>			
<b>Assessors name:</b>			
<b>Date:</b>			
<b>Time:</b>	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"/>		
Patch test	Date:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
Colour characteristics	Fair <input type="checkbox"/>	Red <input type="checkbox"/>	Dark <input type="checkbox"/>
	White/Grey <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			
Tinting treatment carried out	Eyelash tint <input type="checkbox"/>	Eyebrow tint <input type="checkbox"/>	
Tinting products used	Black <input type="checkbox"/>	Brown <input type="checkbox"/>	Grey <input type="checkbox"/>
	Blue <input type="checkbox"/>	Blue-black <input type="checkbox"/>	Peroxide <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	<b>Clients signature:</b>
Self evaluation	<b>What went well today?</b>	<b>What could have gone better?</b>
	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Learner comments		
	<b>Learner signature:</b>	
Assessor(s) comments		
	<b>Assessor(s) signature:</b>	<b>Date:</b>



## Portfolio reference:

Graded practical assessment	Pass <input type="checkbox"/>	Merit <input type="checkbox"/>	Distinction <input type="checkbox"/>
Evidence	Service portfolio <input type="checkbox"/>		

### UBT201M Make-up applications

<b>Learner name:</b>						
<b>Assessors name:</b>						
<b>Date:</b>						
<b>Time:</b>	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"/>					
Eye position	Close set <input type="checkbox"/>	Wide set <input type="checkbox"/>		Normal <input type="checkbox"/>		
Face shape	Round <input type="checkbox"/>	Square <input type="checkbox"/>		Heart <input type="checkbox"/>		
	Diamond <input type="checkbox"/>	Oblong <input type="checkbox"/>		Pear <input type="checkbox"/>		
Advice given	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>		Post-application restrictions <input type="checkbox"/>		
	Make-up removal techniques <input type="checkbox"/>	Maintenance recommendations <input type="checkbox"/>				
Agreed course of service						
Make-up service carried out	Intense <input type="checkbox"/>	Special Occasion <input type="checkbox"/>		Natural <input type="checkbox"/>		
Additional media used:	Strip eyelashes <input type="checkbox"/>	Flare eyelashes <input type="checkbox"/>				
Products used	Base products:		Colour correctives:		Foundation:	
	Concealers:		Face powder:		Bronzing products:	
	Shaders and highlighters:		Cheek products:		Eyebrow products:	
	Eyeshadows:		Eye liner products:		Mascara:	
	Lip liner:		Lipstick/gloss:		Fixing product:	
Justification for service, products and equipment used						





Products and further services recommended		
Client comments		
	I confirm that I have received aftercare advice	<b>Clients signature:</b>
Self evaluation	<b>What went well today?</b>	<b>What could have gone better?</b>
	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Learner comments		
	<b>Learner signature:</b>	
Assessor(s) comments		
	<b>Assessor(s) signature:</b>	<b>Date:</b>