



**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>



**Portfolio reference:**

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

**UBT209M Instruct on make-up 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"/>
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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"/>
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Skin type and conditions	Combination <input type="checkbox"/>	Oily <input type="checkbox"/>	Dry <input type="checkbox"/>
	Mature <input type="checkbox"/>	Dehydrated <input type="checkbox"/>	Sensitive <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"/>		

**Agreed course of service**

Make-up service carried out	Day <input type="checkbox"/>	Evening <input type="checkbox"/>	Special occasion <input type="checkbox"/>
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Skin care products used	Cleanser <input type="checkbox"/>	Toner <input type="checkbox"/>	Moisturiser <input type="checkbox"/>
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Make-up 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>



## Portfolio reference:

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

### UBT211M Express 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"/>			
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"/>			
	Young <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 retail products and treatments <input type="checkbox"/>					
Agreed course of treatment						
Treatment areas worked on	Face and neck <input type="checkbox"/>	Décolleté and shoulders <input type="checkbox"/>				
Products used	Eye make-up remover <input type="checkbox"/>	Cleanser <input type="checkbox"/>	Toner <input type="checkbox"/>			
	Exfoliating product <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	Service portfolio <input type="checkbox"/>		

**UBT210M Instruct on product application**

<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"/>		
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"/>
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 retail products and services <input type="checkbox"/>		
Agreed course of service			
Products used	Eye make-up remover <input type="checkbox"/>	Cleanser <input type="checkbox"/>	Toner <input type="checkbox"/>
	Exfoliating product <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 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>
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Learner comments		
	<b>Learner signature:</b>	
Assessor(s) comments		
	<b>Assessor(s) signature:</b>	<b>Date:</b>