



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

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"/>		
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	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:

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

UBT197M Pedicure treatments

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"/>		
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	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:

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

UBT214M Gel polish applications

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"/>		
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-service restrictions <input type="checkbox"/>
	Additional retail products and services <input type="checkbox"/>		
Agreed course of service			
Gel polish application carried out	French polish <input type="checkbox"/>	Dark polish <input type="checkbox"/>	Light polish <input type="checkbox"/>
	Fingernails <input type="checkbox"/>	Toe nails <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:

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

UBT216M Nail art services

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"/>		
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/flaky <input type="checkbox"/>
	Brittle <input type="checkbox"/>	Pitted <input type="checkbox"/>	Leuconychia <input type="checkbox"/>
	Bitten <input type="checkbox"/>	Beau's lines <input type="checkbox"/>	Longitudinal ridges <input type="checkbox"/>
Nail shapes	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>	Spoon <input type="checkbox"/>
	Oval <input type="checkbox"/>	Square <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			
Nail art techniques carried out	Transfers <input type="checkbox"/>	Wraps <input type="checkbox"/>	Glitter <input type="checkbox"/>
	Embellishments <input type="checkbox"/>	Marbling <input type="checkbox"/>	Striping <input type="checkbox"/>
	Dotting <input type="checkbox"/>	Freehand <input type="checkbox"/>	Leaf <input type="checkbox"/>
	Colour blending <input type="checkbox"/>	Colour fading <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:

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

UBT224M Provide and maintain gel nail enhancements

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"/>		
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/flaky <input type="checkbox"/>
	Brittle <input type="checkbox"/>	Pitted <input type="checkbox"/>	Leuconychia <input type="checkbox"/>
	Bitten <input type="checkbox"/>	Beau's lines <input type="checkbox"/>	Longitudinal ridges <input type="checkbox"/>
Nail shapes	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>	Spoon <input type="checkbox"/>
	Oval <input type="checkbox"/>	Square <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"/>	Recommended time intervals between services <input type="checkbox"/>	
Agreed course of service			
Nail art techniques carried out	Natural nail overlays <input type="checkbox"/>	Full set of tips and overlays <input type="checkbox"/>	Full set of French tips and overlays using white gel <input type="checkbox"/>
	Maintenance and rebalance <input type="checkbox"/>	Repair <input type="checkbox"/>	Removal of full set of tips and overlays <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:

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

UBT226M Provide and maintain nail wrap enhancements

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"/>		
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/flaky <input type="checkbox"/>
	Brittle <input type="checkbox"/>	Pitted <input type="checkbox"/>	Leuconychia <input type="checkbox"/>
	Bitten <input type="checkbox"/>	Beau's lines <input type="checkbox"/>	Longitudinal ridges <input type="checkbox"/>
Nail shapes	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>	Spoon <input type="checkbox"/>
	Oval <input type="checkbox"/>	Square <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"/>	Recommended time intervals between services <input type="checkbox"/>	
Agreed course of service			
Nail service carried out	Natural nail overlays <input type="checkbox"/>	Full set of tips and overlays using silk <input type="checkbox"/>	Full set of overlays using fibreglass <input type="checkbox"/>
	Maintenance and rebalance <input type="checkbox"/>	Repair <input type="checkbox"/>	Removal of full set of tips and overlays <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: