



**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>
	<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"/>		

### UBT217M Hair preparations 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"/>		
Patch test	Date:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
Human hair conditions	Chemical damage <input type="checkbox"/>	Heat damage <input type="checkbox"/>	Environmental damage <input type="checkbox"/>
	Product build-up <input type="checkbox"/>	Normal <input type="checkbox"/>	
Hair classification	Type 1 – straight hair <input type="checkbox"/>	Type 2 – wavy hair <input type="checkbox"/>	Type 3 – curly hair <input type="checkbox"/>
	Type 4 – very curly hair <input type="checkbox"/>		
Human scalp condition	Dandruff <input type="checkbox"/>	Oily <input type="checkbox"/>	Dry <input type="checkbox"/>
	Product build-up <input type="checkbox"/>	Normal <input type="checkbox"/>	Chemically treated <input type="checkbox"/>
Hair characteristics	Hair density <input type="checkbox"/>	Hair elasticity <input type="checkbox"/>	Hair porosity <input type="checkbox"/>
	Hair condition <input type="checkbox"/>	Scalp condition <input type="checkbox"/>	Hair growth patterns <input type="checkbox"/>
Advice given	Suitable shampoos and conditioning products <input type="checkbox"/>	Correct detangling techniques <input type="checkbox"/>	Time intervals between services <input type="checkbox"/>
	Present and future products and services <input type="checkbox"/>		
Agreed course of service			
Products used	Shampoo <input type="checkbox"/>	Surface conditioner <input type="checkbox"/>	Penetrating conditioner <input type="checkbox"/>
	Scalp treatment <input type="checkbox"/>	Sulphate-free shampoo product for synthetic hair <input type="checkbox"/>	Conditioning/detangling product for synthetic hair <input type="checkbox"/>
Shampooing movements	Effleurage <input type="checkbox"/>	Rotary <input type="checkbox"/>	Friction <input type="checkbox"/>
Conditioning movements	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	
Hair substitute used	Hair weft synthetic <input type="checkbox"/>	Hair weft human hair <input type="checkbox"/>	Wig human hair <input type="checkbox"/>
	Wig synthetic <input type="checkbox"/>	Other postiche (head or facial) <input type="checkbox"/>	
Length	Short <input type="checkbox"/>	Medium <input type="checkbox"/>	Long <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	Service portfolio <input type="checkbox"/>		

**UBT228M Continuity planning for make-up 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"/>					
Resources needed	Tools and equipment <input type="checkbox"/>	Products <input type="checkbox"/>	Time <input type="checkbox"/>			
Equipment used	Chair or stool <input type="checkbox"/>	Workstation or trolley <input type="checkbox"/>	Foundation sponges/wedges <input type="checkbox"/>			
	Make-up brushes <input type="checkbox"/>	Mixing palette <input type="checkbox"/>	Mirror <input type="checkbox"/>			
Products used	Eye make-up remover <input type="checkbox"/>	Cleanser <input type="checkbox"/>	Toner/freshener/astringent <input type="checkbox"/>			
	Moisturiser <input type="checkbox"/>	Eye creams/gels <input type="checkbox"/>	Pre-base products <input type="checkbox"/>			
	Colour corrective product <input type="checkbox"/>	Foundation <input type="checkbox"/>	Concealers <input type="checkbox"/>			
	Face powder <input type="checkbox"/>	Bronzing product <input type="checkbox"/>	Shaders/highlighters <input type="checkbox"/>			
	Cheek products <input type="checkbox"/>	Eyebrow products <input type="checkbox"/>	Eyeliners products <input type="checkbox"/>			
	Mascara <input type="checkbox"/>	Lip liner <input type="checkbox"/>	Lipstick <input type="checkbox"/>			
	Lip gloss <input type="checkbox"/>	Fixing product <input type="checkbox"/>				
	Given all types of advice	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>			
Appropriate continuity documentation used	Reports/checklists <input type="checkbox"/>	Digital images <input type="checkbox"/>	Scripts <input type="checkbox"/>			
	Make-up and hair plan <input type="checkbox"/>	Memos/notes <input type="checkbox"/>	Production schedules <input type="checkbox"/>			
	Make-up and hair breakdown list <input type="checkbox"/>					
Issues affecting hair/ make-up continuity	Resources - human and materials <input type="checkbox"/>	Shooting schedule <input type="checkbox"/>	Location <input type="checkbox"/>			
	Story-line <input type="checkbox"/>					
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> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> <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"/>		

**UBT219M Dress and finish hair 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"/>		
Hair classification	Type 1 – straight hair <input type="checkbox"/>	Type 2 – wavy hair <input type="checkbox"/>	Type 3 – curly hair <input type="checkbox"/>
	Type 4 – very curly hair <input type="checkbox"/>		
Factors to consider	Hair density <input type="checkbox"/>	Hair texture <input type="checkbox"/>	Hair growth patterns <input type="checkbox"/>
	Hair elasticity <input type="checkbox"/>	Face and head shape <input type="checkbox"/>	Synthetic hair <input type="checkbox"/>
Advice given	How to maintain the look <input type="checkbox"/>	Suitable styling and finishing products <input type="checkbox"/>	
Agreed course of service			
Products used	Serum <input type="checkbox"/>	Mousse <input type="checkbox"/>	Gel <input type="checkbox"/>
	Wax <input type="checkbox"/>	Blow-dry lotion/cream <input type="checkbox"/>	Moisturiser/oil <input type="checkbox"/>
	Hair spray <input type="checkbox"/>	Finishing spray <input type="checkbox"/>	Dry shampoo <input type="checkbox"/>
Blow dry techniques	Straightening <input type="checkbox"/>	Volume and lift <input type="checkbox"/>	Movement and curl <input type="checkbox"/>
	Smoothing <input type="checkbox"/>		
Setting techniques	Wet set and dress above shoulder <input type="checkbox"/>	Wet set and dress below shoulder <input type="checkbox"/>	Pin curling <input type="checkbox"/>
	Heated roller set <input type="checkbox"/>	Setting hair for hair up style (over directing) <input type="checkbox"/>	Electrical finishing equipment <input type="checkbox"/>
Styling techniques	Back combing <input type="checkbox"/>	Back brushing <input type="checkbox"/>	Finger wave <input type="checkbox"/>
Plaiting	Scalp <input type="checkbox"/>	Fish tail <input type="checkbox"/>	Dutch <input type="checkbox"/>
	Canerow/cornrow <input type="checkbox"/>		
Length	Short <input type="checkbox"/>	Medium <input type="checkbox"/>	Long <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	Service portfolio <input type="checkbox"/>		

**UBT218M Continuity hair 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"/>		
Patch test	Date:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
Hair classification	Type 1 – straight hair <input type="checkbox"/>	Type 2 – wavy hair <input type="checkbox"/>	Type 3 – curly hair <input type="checkbox"/>
	Type 4 – very curly hair <input type="checkbox"/>		
Factors to consider	Hair density <input type="checkbox"/>	Hair texture <input type="checkbox"/>	Hair growth patterns <input type="checkbox"/>
	Hair elasticity <input type="checkbox"/>	Face and head shape <input type="checkbox"/>	Synthetic hair <input type="checkbox"/>
Advice given	How to maintain haircut between appointments <input type="checkbox"/>	Time intervals between services <input type="checkbox"/>	Use of aftercare products <input type="checkbox"/>
	Additional services to enhance haircut <input type="checkbox"/>		
Agreed course of service			
Continuity maintenance cuts	Fringe <input type="checkbox"/>	Sideburns/neckline <input type="checkbox"/>	Layered cut <input type="checkbox"/>
	One length <input type="checkbox"/>		
Cutting techniques	Club <input type="checkbox"/>	Freehand <input type="checkbox"/>	Scissor/clipper over comb <input type="checkbox"/>
Conditioning movements	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	
Hair substitute used	Hair weft synthetic <input type="checkbox"/>	Hair weft human hair <input type="checkbox"/>	Wig human hair <input type="checkbox"/>
	Wig synthetic <input type="checkbox"/>	Other postiche (head or facial) <input type="checkbox"/>	
Length	Short <input type="checkbox"/>	Medium <input type="checkbox"/>	Long <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	Service portfolio <input type="checkbox"/>		

### UBT223M Total look for competition work

<b>Therapist 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"/>		
Design	Mood board <input type="checkbox"/>	Design plan for competition brief <input type="checkbox"/>	
Total look	A full face make-up application <input type="checkbox"/>	Finished dressed hair style <input type="checkbox"/>	Costume/clothing <input type="checkbox"/>
	Final photograph to show completed look attached <input type="checkbox"/>		
Research sources	Internet <input type="checkbox"/>	Social media <input type="checkbox"/>	Magazines/newspaper <input type="checkbox"/>
	Photographs <input type="checkbox"/>	Art galleries/museums <input type="checkbox"/>	Tourist attractions <input type="checkbox"/>
	Specialised trade literature <input type="checkbox"/>	TV <input type="checkbox"/>	Music video <input type="checkbox"/>
	Films <input type="checkbox"/>	Books <input type="checkbox"/>	
Products used to create the mood board/design plan	Colouring products e.g. paint, chalk, make-up, crayons, pencils <input type="checkbox"/>	Adornments e.g. glitters, gems, sequins, etc. <input type="checkbox"/>	Fabric samples <input type="checkbox"/>
	Backing materials: card, canvas, fabric, frames, etc. <input type="checkbox"/>	Attaching materials: glues, staples, tape, etc. <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"/>	
Justification for total look, product and equipment use			



Products and further service 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>
Therapist comments		
	<b>Therapist 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"/>		

**UBT221M Face and body art painting**

<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"/>		
Area treated	Face <input type="checkbox"/>	Body <input type="checkbox"/>	Face and body <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			
Face or body art carried out	Animal <input type="checkbox"/>	Fantasy <input type="checkbox"/>	Floral <input type="checkbox"/>
Products used	Water based face paints:	Water based body paints:	Oil based body paints:
	Oil based body paints:	Split cake paints:	Liner pencils:
	Gems and appendages:	Fixer/finishing products:	Skin grade glitters:
	Setting powders:		
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>
	<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"/>		

### UBT220M Fashion and editorial make-up

<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"/>		
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 services			
Make-up service carried out	Soft and subtle <input type="checkbox"/>	Fashion show/catwalk <input type="checkbox"/>	Magazine feature <input type="checkbox"/>
	Pop video <input type="checkbox"/>	Black and white <input type="checkbox"/>	
Additional media used	Accessories/adornments <input type="checkbox"/>	Clothes <input type="checkbox"/>	Hair <input type="checkbox"/>
	False 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>