



**Portfolio reference:**

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

**UBT100M Indian head massage**

<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"/>	Effects of and limitations to other treatments <input type="checkbox"/>	Changes to existing care routine <input type="checkbox"/>			
Limiting factors	Adverse hair conditions <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"/>	Contra-indications <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"/>					
Client characteristics	Posture:					
	Faults:					
Muscle tone	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>			
Age	Pre 16 <input type="checkbox"/>	17- 30 <input type="checkbox"/>	31- 45 <input type="checkbox"/>			
	46- 60 <input type="checkbox"/>	60+ <input type="checkbox"/>				
General health and lifestyle						



	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Regularly <input type="checkbox"/>
Physical exercise	Type of exercise taken:		
Diet			
Fluid intake			
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>
	Combination <input type="checkbox"/>	Sensitive <input type="checkbox"/>	Dehydrated <input type="checkbox"/>
	Mature <input type="checkbox"/>		
Hair length	Long <input type="checkbox"/>	Shoulder Length <input type="checkbox"/>	Short <input type="checkbox"/>
	Bald <input type="checkbox"/>		
Hair condition	Oily <input type="checkbox"/>	Dry <input type="checkbox"/>	Normal <input type="checkbox"/>
Scalp condition	Dandruff <input type="checkbox"/>	Dry <input type="checkbox"/>	Alopecia <input type="checkbox"/>
	Psoriasis <input type="checkbox"/>	Seborrhoeic Eczema <input type="checkbox"/>	
Agreed course of treatment			
Treatment objectives	Relaxation <input type="checkbox"/>	Sense of well-being <input type="checkbox"/>	Uplifting <input type="checkbox"/>
	Improvement of hair and scalp condition <input type="checkbox"/>		
Treatment areas	Face <input type="checkbox"/>	Head, Chest and Shoulders <input type="checkbox"/>	Arms <input type="checkbox"/>
	Back <input type="checkbox"/>	Chakras <input type="checkbox"/>	
Massage medium	Oil <input type="checkbox"/>	None used <input type="checkbox"/>	
Massage movements	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Tapotement <input type="checkbox"/>
	Vibrations <input type="checkbox"/>	Marma (pressure points) <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"/>		

**UBT101M Stone therapy**

<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"/>	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 or nail 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"/>					
Client characteristics	Posture:					
	Faults:					
Muscle tone	Poor <input type="checkbox"/>	Average <input type="checkbox"/>		Good <input type="checkbox"/>		
General health and lifestyle						



	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Regularly <input type="checkbox"/>
Physical exercise	Type of exercise taken:		
Diet			
Fluid intake			
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>
	Combination <input type="checkbox"/>	Sensitive <input type="checkbox"/>	Dehydrated <input type="checkbox"/>
	Mature <input type="checkbox"/>		
Agreed course of treatment			
Treatment objectives	Relaxation <input type="checkbox"/>	Uplifting <input type="checkbox"/>	Balancing <input type="checkbox"/>
	Easing of muscular tension and stiffness <input type="checkbox"/>		
Treatment areas	Face <input type="checkbox"/>	Head <input type="checkbox"/>	Neck <input type="checkbox"/>
	Chest <input type="checkbox"/>	Shoulders <input type="checkbox"/>	Abdomen <input type="checkbox"/>
	Arms <input type="checkbox"/>	Hands <input type="checkbox"/>	Legs <input type="checkbox"/>
	Feet <input type="checkbox"/>	Back <input type="checkbox"/>	
Massage medium	Oil <input type="checkbox"/>	Cream <input type="checkbox"/>	Pre-blended oils <input type="checkbox"/>
Massage techniques	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Frictions <input type="checkbox"/>
	Tapping <input type="checkbox"/>	Tucking <input type="checkbox"/>	Placement <input type="checkbox"/>
	Trigger Points <input type="checkbox"/>	Piezoelectric effects/vibrations <input type="checkbox"/>	
Therapy techniques	Rotation of stones <input type="checkbox"/>	Alternation of hot and cold stones <input type="checkbox"/>	Combination of stone types and sizes <input type="checkbox"/>
	Use of hot stones only <input type="checkbox"/>	Use of cold stones only <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"/>		

**UBT96M Swedish massage**

<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"/>	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 or nail 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 course of treatment						
Treatment objectives	Relaxation <input type="checkbox"/>	Stimulating <input type="checkbox"/>		Easing of muscular tension and stiffness <input type="checkbox"/>		
Treatment areas	Face <input type="checkbox"/>	Head <input type="checkbox"/>		Neck <input type="checkbox"/>		
	Chest <input type="checkbox"/>	Shoulders <input type="checkbox"/>		Abdomen <input type="checkbox"/>		
	Arms <input type="checkbox"/>	Hands <input type="checkbox"/>		Legs <input type="checkbox"/>		
	Feet <input type="checkbox"/>	Back <input type="checkbox"/>				
Massage medium	Oil <input type="checkbox"/>	Cream <input type="checkbox"/>		Pre-blended oils <input type="checkbox"/>		
	Talc <input type="checkbox"/>					
Massage movements	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>		Tapotement <input type="checkbox"/>		
	Vibrations <input type="checkbox"/>	Frictions <input type="checkbox"/>				
Massage adaptation	Forearm <input type="checkbox"/>	Heel of hand <input type="checkbox"/>		Elbow <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>