


Portfolio reference:

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

UBT118M Photographic make-up

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"/>	Effects of and limitations to other services <input type="checkbox"/>		Changes to existing care routine <input type="checkbox"/>		
Limiting factors	Contra-indications <input type="checkbox"/>	Adverse skin conditions <input type="checkbox"/>		Results of previous services 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	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"/>					
Equipment used	Couch or chair <input type="checkbox"/>	Stool and trolley <input type="checkbox"/>		Foundation sponges or brushes <input type="checkbox"/>		
	Make-up brushes <input type="checkbox"/>	Mixing palette <input type="checkbox"/>		Mirror <input type="checkbox"/>		
Products used						
Skin care	Eye make-up remover <input type="checkbox"/>	Cleansing lotions, milks, creams, foams, oils or gels <input type="checkbox"/>		Skin toners, fresheners, astringents or tonics <input type="checkbox"/>		
	Moisturising creams <input type="checkbox"/>	Eye creams or gels <input type="checkbox"/>		Serums <input type="checkbox"/>		
Base	Pre-base products (mattifying, light reflective, anti-ageing) <input type="checkbox"/>	Colour corrective products (lilac, green, orange) <input type="checkbox"/>		Foundations (cream, liquid, mousse, gel, blocks, compacts, cakes, light reflecting, all-in-one, mineral, matt), tinted moisturisers <input type="checkbox"/>		
	Concealers (cream, stick, liquid) <input type="checkbox"/>	Face powders (loose, compact, mineral, light reflecting, shimmer) <input type="checkbox"/>				
Powders	Bronzing products (powder, gel, liquid) <input type="checkbox"/>	Shaders, highlighters <input type="checkbox"/>		Cheek products (cream, powder, liquid tints, mineral-based) <input type="checkbox"/>		



Eyes	Eyebrow products (pencils, powders, gels) <input type="checkbox"/>	Eye shadow (powders, cream, water colours, mineral, pigment) <input type="checkbox"/>	Eye liner products (liquid, gel, kohl pencil, pencil, cake) <input type="checkbox"/>
	Mascara (waterproof and non-waterproof) <input type="checkbox"/>		
Lips	Lip liner <input type="checkbox"/>	Lipstick <input type="checkbox"/>	Lip gloss <input type="checkbox"/>
	Setting sprays <input type="checkbox"/>		
Resources used	Tools and equipment <input type="checkbox"/>	Products <input type="checkbox"/>	Time <input type="checkbox"/>
	People <input type="checkbox"/>	Venue <input type="checkbox"/>	Budget <input type="checkbox"/>
Make-up looks completed	Period <input type="checkbox"/>	Fantasy <input type="checkbox"/>	High fashion <input type="checkbox"/>
	Commercial <input type="checkbox"/>	Catwalk <input type="checkbox"/>	Bridal <input type="checkbox"/>
Techniques used	Precision base application <input type="checkbox"/>	Highlighting and shading <input type="checkbox"/>	Concealing <input type="checkbox"/>
	Blending <input type="checkbox"/>	Stippling <input type="checkbox"/>	Eye products <input type="checkbox"/>
	Lip products <input type="checkbox"/>	Colour mixing <input type="checkbox"/>	Stencilling <input type="checkbox"/>
	Body make-up <input type="checkbox"/>		
Additional media used	Accessories <input type="checkbox"/>	Clothes <input type="checkbox"/>	Hair <input type="checkbox"/>
	Nails <input type="checkbox"/>	False lashes <input type="checkbox"/>	
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"/>		

UBT121M Bridal make-up

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"/>	Effects of and limitations to other services <input type="checkbox"/>		Changes to existing care routine <input type="checkbox"/>		
Limiting factors	Contra-indications <input type="checkbox"/>	Adverse skin conditions <input type="checkbox"/>		Results of previous services 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	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"/>					
Equipment used	Couch or chair <input type="checkbox"/>	Stool and trolley <input type="checkbox"/>		Foundation sponges or brushes <input type="checkbox"/>		
	Make-up brushes <input type="checkbox"/>	Mixing palette <input type="checkbox"/>		Mirror <input type="checkbox"/>		
	Tweezers <input type="checkbox"/>	Eyelash curlers <input type="checkbox"/>				
Products used						
Skin care	Eye make-up remover <input type="checkbox"/>	Cleansing lotions, milks, creams, foams, oils or gels <input type="checkbox"/>		Skin toners, fresheners, astringents or tonics <input type="checkbox"/>		
	Moisturising creams <input type="checkbox"/>	Eye creams or gels <input type="checkbox"/>		Serums <input type="checkbox"/>		
Base	Pre-base products (mattifying, light reflective, anti-ageing) <input type="checkbox"/>	Colour corrective products (lilac, green, orange) <input type="checkbox"/>		Foundations (cream, liquid, mousse, gel, blocks, compacts, cakes, light-reflecting, all-in-one, mineral, matt), tinted moisturisers <input type="checkbox"/>		
	Concealers (cream, stick, liquid) <input type="checkbox"/>					
Powders	Face powders (loose, compact, mineral, light-reflecting, shimmer) <input type="checkbox"/>	Bronzing products (powder, gel, liquid) <input type="checkbox"/>		Shaders, highlighters <input type="checkbox"/>		
	Cheek products (cream, powder, liquid tints, mineral-based) <input type="checkbox"/>					



Eyes	Eyebrow products (pencils, powders, gels) <input type="checkbox"/>	Eyeshadow (powders, cream, water colours, mineral, pigment) <input type="checkbox"/>	Eyeliner products (liquid, gel, kohl pencil, pencil, cake) <input type="checkbox"/>
	Mascara (waterproof and non-waterproof) <input type="checkbox"/>		
Lips	Lip liner <input type="checkbox"/>	Lipstick <input type="checkbox"/>	Lip gloss <input type="checkbox"/>
	Setting sprays <input type="checkbox"/>		
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"/>		

UBT122M Airbrush make-up

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"/>	Effects of and limitations to other services <input type="checkbox"/>		Changes to existing care routine <input type="checkbox"/>		
Limiting factors	Contra-indications <input type="checkbox"/>	Adverse skin conditions <input type="checkbox"/>		Results of previous services 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	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"/>					
Service outcome	Full face straight make-up <input type="checkbox"/>	Tattoo design <input type="checkbox"/>		High fashion application <input type="checkbox"/>		
Equipment used	Airbrush gun <input type="checkbox"/>	Compressor <input type="checkbox"/>		Couch/Chair <input type="checkbox"/>		
	Trolley <input type="checkbox"/>	Brushes <input type="checkbox"/>		Stencils <input type="checkbox"/>		
Products used	Skin preparation products <input type="checkbox"/>	Concealer <input type="checkbox"/>		Airbrush make-up water/silicone/alcohol based <input type="checkbox"/>		
	Eye and lip products <input type="checkbox"/>					
Techniques used	Even colour washing <input type="checkbox"/>	Concealing <input type="checkbox"/>		Highlighting and shading <input type="checkbox"/>		
	Pulsing <input type="checkbox"/>	Back bubbling <input type="checkbox"/>		Colour fading <input type="checkbox"/>		
	Masking <input type="checkbox"/>	Stencilling <input type="checkbox"/>		Freehand <input type="checkbox"/>		



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	Treatment portfolio <input type="checkbox"/>		

UBT123M Individual eyelash extensions

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"/>	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	Avoidance of activities which may cause contra-actions <input type="checkbox"/>	Recommended time intervals between treatments <input type="checkbox"/>		Suitable homecare products and their uses <input type="checkbox"/>		
	Present and future treatments and products <input type="checkbox"/>					
Treatment application	A full set of individual eyelash extensions <input type="checkbox"/>	A partial set of individual eyelash extensions <input type="checkbox"/>		A complete set of infills (maintenance) <input type="checkbox"/>		
Equipment used	Magnifying lamp <input type="checkbox"/>	Towels <input type="checkbox"/>		Disposable paper roll <input type="checkbox"/>		
	Tissue <input type="checkbox"/>	Cotton wool <input type="checkbox"/>		Pillow <input type="checkbox"/>		
	Headband <input type="checkbox"/>					
Tools used	Micropore tape <input type="checkbox"/>	Air blower <input type="checkbox"/>		X-type tweezers <input type="checkbox"/>		
	Straight tweezers with fine point <input type="checkbox"/>	Disposable brushes and sponges where appropriate <input type="checkbox"/>		Lash extension holder <input type="checkbox"/>		
	Lash mat <input type="checkbox"/>					
Products used	Non-oily eye cleanser <input type="checkbox"/>	Pre-lash primer <input type="checkbox"/>		Adhesives <input type="checkbox"/>		
	Eyelash extensions (various lengths, curvature, colour, thickness) <input type="checkbox"/>	Adhesive remover <input type="checkbox"/>		Eye gel patches <input type="checkbox"/>		
	Eye wash solution <input type="checkbox"/>	Antiseptic swabs <input type="checkbox"/>		Hand sanitiser <input type="checkbox"/>		



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"/>		

UBT87M False eyelash 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"/>		
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"/>		
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						
Products used	Non-oily eye cleanser <input type="checkbox"/>	Eyelash adhesive <input type="checkbox"/>		Eye wash solution <input type="checkbox"/>		
	Adhesive remover <input type="checkbox"/>					
False eyelashes used	Strip eyelashes <input type="checkbox"/>	Flare eyelashes <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: