



Portfolio reference:

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

UBT103M Facial electrical 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"/>	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 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	Improve skin condition and texture <input type="checkbox"/>	Improve lymphatic drainage <input type="checkbox"/>	Improve muscle condition and facial contours <input type="checkbox"/>			
Equipment used	High frequency <input type="checkbox"/>	Galvanic <input type="checkbox"/>	Faradic <input type="checkbox"/>			
	Vacuum suction <input type="checkbox"/>	Microcurrent <input type="checkbox"/>	Microdermabrasion <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"/>		

UBT104M Body electrical 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"/>	Effects of and limitations to other treatments <input type="checkbox"/>		Changes to existing care routine <input type="checkbox"/>		
Limiting factors	Contra-indications to treatment <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"/>				
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	Improve skin condition and texture <input type="checkbox"/>	Improve lymphatic drainage <input type="checkbox"/>		Improve muscle condition and body contours <input type="checkbox"/>		
Equipment used	High frequency <input type="checkbox"/>	Galvanic <input type="checkbox"/>		Faradic <input type="checkbox"/>		
	Vacuum suction <input type="checkbox"/>	Microcurrent <input type="checkbox"/>		Microdermabrasion <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"/>		

UBT92M Body analysis

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"/>		
Advice given	Recommendations for services, courses of services <input type="checkbox"/>	Additional products and services <input type="checkbox"/>		Improvements to posture, diet, lifestyle <input type="checkbox"/>		
	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>		Post-service restrictions <input type="checkbox"/>		
Physical exercise	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>		Regularly <input type="checkbox"/>		
	Type of exercise taken:					
Diet						
Fluid intake						
Body skin type	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>		Oily <input type="checkbox"/>		
Body skin condition	Sensitive <input type="checkbox"/>	Dehydrated <input type="checkbox"/>		Mature <input type="checkbox"/>		
Skin elasticity	Poor <input type="checkbox"/>	Average <input type="checkbox"/>		Good <input type="checkbox"/>		
Muscle tone	Poor <input type="checkbox"/>	Average <input type="checkbox"/>		Good <input type="checkbox"/>		
Body type	Endomorph <input type="checkbox"/>	Ectomorph <input type="checkbox"/>		Mesomorph <input type="checkbox"/>		
Conditions	Cellulite <input type="checkbox"/>	Poor muscle tone <input type="checkbox"/>		Sluggish circulation <input type="checkbox"/>		
Height						
Weight						
BMI calculation						
Skin fold caliper measurement						
Areas of fluid retention						
Areas of sluggish circulation						
Fat type present	Hard <input type="checkbox"/>	Soft <input type="checkbox"/>		Cellulite <input type="checkbox"/>		



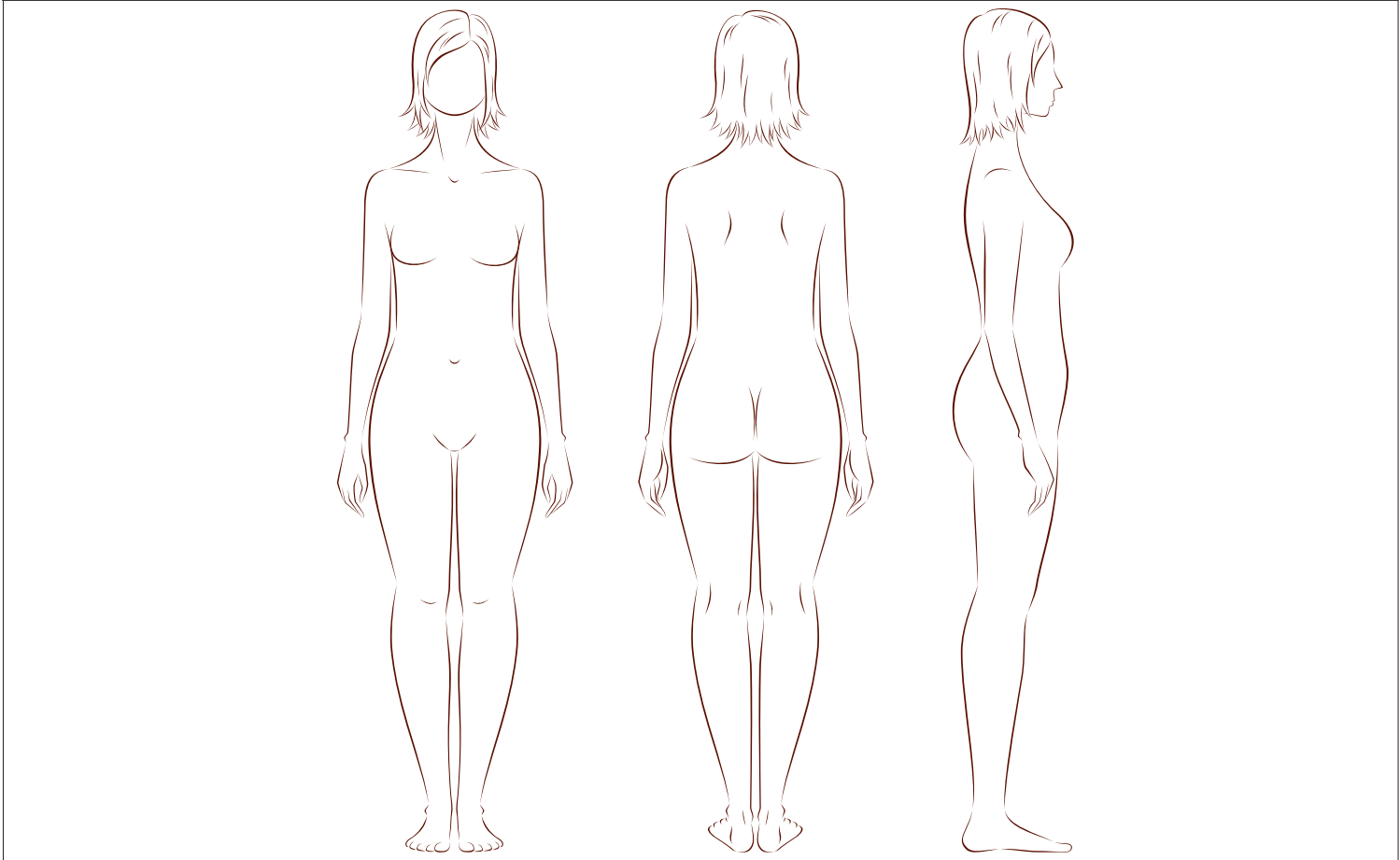
Figure and postural conditions

Posture:

Faults:

Date:	Measurements
Neck	
Upper chest	
Middle chest	
Lower chest	
Biceps	
Wrist	
Waist	
Upper hips	
Lower hips	
Upper thigh	
Middle thigh	
Knee	
Calves	
Ankles	

On the diagram provided record identify areas of concern





Justification for service, products and equipment used		
Products and further services recommended		
Client comments		
	I confirm that I have received aftercare advice	Clients signature:
	What went well today?	What could have gone better?
Self evaluation	<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"/>		

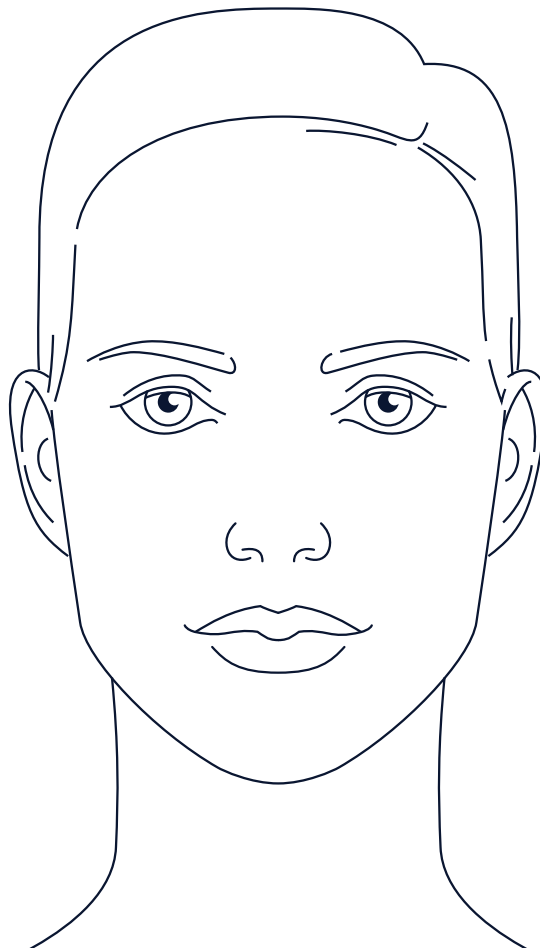
UBT93M Skin analysis

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"/>			
Advice given	Recommendations for treatment, courses of treatment <input type="checkbox"/>	Additional products and treatments <input type="checkbox"/>	Improvements to posture, diet, lifestyle <input type="checkbox"/>			
	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>	Post-treatment restrictions <input type="checkbox"/>			
Agreed course of treatment						
Physical exercise	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Regularly <input type="checkbox"/>			
	Type of exercise taken:					
Diet						
Fluid intake						
Skin type	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Oily <input type="checkbox"/>			
	Combination <input type="checkbox"/>					
Skin condition	Sensitive <input type="checkbox"/>	Dehydrated <input type="checkbox"/>	Mature <input type="checkbox"/>			
	Congested <input type="checkbox"/>					
Skin elasticity	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>			
Muscle tone	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>			
Skin predisposition						
Skin reaction levels						
Skin colour and tone						
Pigmentation						



Condition	Code used
Flaky patches	
Lines and wrinkles	
Dropped contours	
Comedones	
Papules/Pustules	
Open pores	
Congestion	
Dehydration	
Dilated capillaries/ Vascular	
Sensitivity	
Hyperpigmentation	
Hypopigmentation	
Scarring	
Cuts or abrasions	
Bruising	
Milia	

On the diagram provided record identify areas of concern





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"/>		

UBT97M Swedish massage therapy

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	Contra-indications <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"/>				
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	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"/>		

UBT99M Mechanical massage

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	Excessive body hair <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"/>					
Agreed course of treatment						
Treatment objectives	Relaxation <input type="checkbox"/>	Stimulating <input type="checkbox"/>		Sense of well-being <input type="checkbox"/>		
	Uplifting <input type="checkbox"/>	Easing of muscular tension and stiffness <input type="checkbox"/>		Anti-cellulite <input type="checkbox"/>		
Treatment areas	Front of legs <input type="checkbox"/>	Back of legs <input type="checkbox"/>		Abdomen <input type="checkbox"/>		
	Arms <input type="checkbox"/>	Shoulders <input type="checkbox"/>		Back <input type="checkbox"/>		
Equipment used	Gyratory <input type="checkbox"/>	Infra-red <input type="checkbox"/>		Audiosonic <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: