



Portfolio reference:

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

UBT109M Nail enhancements using light cured gel

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 or nail 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	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>		Post-service restrictions <input type="checkbox"/>		
	Recommended time intervals between services <input type="checkbox"/>	Additional products and services <input type="checkbox"/>				
Nail conditions	Longitudinal ridges <input type="checkbox"/>	Beau's Lines <input type="checkbox"/>		Leuconychia <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>	Eggshell nails <input type="checkbox"/>		Discoloured nails <input type="checkbox"/>		
	Pterygium <input type="checkbox"/>	Broken <input type="checkbox"/>		Split <input type="checkbox"/>		
	Dry <input type="checkbox"/>	Brittle <input type="checkbox"/>		Nail separation <input type="checkbox"/>		
	Other <input type="checkbox"/>					
	If other explain:					
Nail shape	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>		Spoon <input type="checkbox"/>		
	Bitten <input type="checkbox"/>	Oval <input type="checkbox"/>		Square <input type="checkbox"/>		
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>		Flaky <input type="checkbox"/>		
	Callus <input type="checkbox"/>	Corns <input type="checkbox"/>		Hard skin <input type="checkbox"/>		
	Cuts and abrasions <input type="checkbox"/>	Blisters <input type="checkbox"/>		Bruising <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>					
Service outcome	Natural nail overlay <input type="checkbox"/>	Blended tip and overlay <input type="checkbox"/>		Sculpted pink <input type="checkbox"/>		
	White enhancement <input type="checkbox"/>	French overlay using pink and white on toes and finger nails <input type="checkbox"/>		Maintenance – infill, rebalance and removal of gel product <input type="checkbox"/>		



Equipment used	Table lamp <input type="checkbox"/>	Nail station <input type="checkbox"/>	Stationary chair for client <input type="checkbox"/>
	Moveable stool for technician <input type="checkbox"/>	Safety glasses <input type="checkbox"/>	Dust mask <input type="checkbox"/>
	Apron <input type="checkbox"/>	Lined metal bin with lid <input type="checkbox"/>	Appropriate ventilation <input type="checkbox"/>
	Towels <input type="checkbox"/>	Disposable paper roll <input type="checkbox"/>	Lint free wipes <input type="checkbox"/>
	Cuticle pusher <input type="checkbox"/>	Cuticle nippers <input type="checkbox"/>	Nail scissors <input type="checkbox"/>
	Stiff-bristled nail brush <input type="checkbox"/>	Product application brush <input type="checkbox"/>	Selection of files <input type="checkbox"/>
	Block buffers <input type="checkbox"/>	Tip cutters <input type="checkbox"/>	Nail forms <input type="checkbox"/>
	UV/LED lamp <input type="checkbox"/>		
Products used	Surface sanitiser <input type="checkbox"/>	Nail enamel remover <input type="checkbox"/>	Hand and nail sanitiser <input type="checkbox"/>
	Nail cleanser/Dehydrator <input type="checkbox"/>	Nail adhesive <input type="checkbox"/>	Nail tips <input type="checkbox"/>
	Primer <input type="checkbox"/>	Base coat <input type="checkbox"/>	Light cured gels, builders, colour and gel polish <input type="checkbox"/>
	Top coat/High gloss finish <input type="checkbox"/>	Cuticle oil <input type="checkbox"/>	Hand cream/Lotion <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"/>		

UBT110M Nail enhancements using liquid and powder

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 or nail 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	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>		Post-service restrictions <input type="checkbox"/>		
	Recommended time intervals between services <input type="checkbox"/>	Additional products and services <input type="checkbox"/>				
Nail conditions	Longitudinal ridges <input type="checkbox"/>	Beau's Lines <input type="checkbox"/>		Leuconychia <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>	Eggshell nails <input type="checkbox"/>		Discoloured nails <input type="checkbox"/>		
	Pterygium <input type="checkbox"/>	Broken <input type="checkbox"/>		Split <input type="checkbox"/>		
	Dry <input type="checkbox"/>	Brittle <input type="checkbox"/>		Nail separation <input type="checkbox"/>		
	Other <input type="checkbox"/>					
	If other explain:					
Nail shape	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>		Spoon <input type="checkbox"/>		
	Bitten <input type="checkbox"/>	Oval <input type="checkbox"/>		Square <input type="checkbox"/>		
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>		Flaky <input type="checkbox"/>		
	Callus <input type="checkbox"/>	Corns <input type="checkbox"/>		Hard skin <input type="checkbox"/>		
	Cuts and abrasions <input type="checkbox"/>	Blisters <input type="checkbox"/>		Bruising <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>					
Service outcome	Natural nail overlay <input type="checkbox"/>	Blended tip and overlay with clear/pink and white <input type="checkbox"/>		Sculpted pink and white enhancement <input type="checkbox"/>		
	Colours <input type="checkbox"/>	Maintenance, infill rebalance <input type="checkbox"/>		Removal of liquid and powder product <input type="checkbox"/>		



Equipment used	Table lamp <input type="checkbox"/>	Nail station <input type="checkbox"/>	Stationary chair for client <input type="checkbox"/>
	Moveable stool for technician <input type="checkbox"/>	Safety glasses <input type="checkbox"/>	Dust mask <input type="checkbox"/>
	Dappen dish with lid <input type="checkbox"/>	Apron <input type="checkbox"/>	Metal bin with lid and lined <input type="checkbox"/>
	Appropriate ventilation <input type="checkbox"/>	Towels <input type="checkbox"/>	Disposable paper roll <input type="checkbox"/>
	Lint free wipes <input type="checkbox"/>	Cuticle pusher <input type="checkbox"/>	Cuticle nippers <input type="checkbox"/>
	Nail scissors <input type="checkbox"/>	Stiff-bristled nail brush <input type="checkbox"/>	Product application brush <input type="checkbox"/>
	Selection of files <input type="checkbox"/>	Block buffers <input type="checkbox"/>	Tip cutters <input type="checkbox"/>
	Nail forms <input type="checkbox"/>		
Products used	Surface sanitiser <input type="checkbox"/>	Nail enamel remover <input type="checkbox"/>	Hand and nail sanitiser <input type="checkbox"/>
	Nail cleanser/Dehydrator <input type="checkbox"/>	Nail adhesive <input type="checkbox"/>	Nail tips <input type="checkbox"/>
	Primer <input type="checkbox"/>	Base coat <input type="checkbox"/>	Liquid monomer <input type="checkbox"/>
	Selection of polymer powders, pink, opaque, clear, white, colours <input type="checkbox"/>	Top coat/High gloss finish <input type="checkbox"/>	Cuticle oil <input type="checkbox"/>
	Hand cream/Lotion <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"/>		

UBT111M Electrical filing for nails

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 or nail 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	Aftercare <input type="checkbox"/>	Possible contra-actions <input type="checkbox"/>		Post-service restrictions <input type="checkbox"/>		
	Recommended time intervals between services <input type="checkbox"/>	Additional products and services <input type="checkbox"/>				
Nail conditions	Longitudinal ridges <input type="checkbox"/>	Beau's Lines <input type="checkbox"/>		Leuconychia <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>	Eggshell nails <input type="checkbox"/>		Discoloured nails <input type="checkbox"/>		
	Pterygium <input type="checkbox"/>	Broken <input type="checkbox"/>		Split <input type="checkbox"/>		
	Dry <input type="checkbox"/>	Brittle <input type="checkbox"/>		Nail separation <input type="checkbox"/>		
	Other <input type="checkbox"/>					
	If other explain:					
Nail shape	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>		Spoon <input type="checkbox"/>		
	Bitten <input type="checkbox"/>	Oval <input type="checkbox"/>		Square <input type="checkbox"/>		
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>		Flaky <input type="checkbox"/>		
	Callus <input type="checkbox"/>	Corns <input type="checkbox"/>		Hard skin <input type="checkbox"/>		
	Cuts and abrasions <input type="checkbox"/>	Blisters <input type="checkbox"/>		Bruising <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>					
Service outcome	Back filing pink and white <input type="checkbox"/>	Removing lifting <input type="checkbox"/>		Reducing length from the free edge <input type="checkbox"/>		
	Reducing bulk from the overlay <input type="checkbox"/>	Removing re-growth from behind the free edge <input type="checkbox"/>		Finishing technique <input type="checkbox"/>		



Equipment used	Nail station or appropriate work area <input type="checkbox"/>	Stationary chair for client <input type="checkbox"/>	Moveable stool for technician <input type="checkbox"/>
	Trolley <input type="checkbox"/>	Stool <input type="checkbox"/>	Towels <input type="checkbox"/>
	Cuticle scraper or cuticle knife <input type="checkbox"/>	Cuticle nippers <input type="checkbox"/>	Nail brush <input type="checkbox"/>
	Magnifying lamp <input type="checkbox"/>	Lined metal bin with lamp <input type="checkbox"/>	Appropriate sterilisation <input type="checkbox"/>
	Electric file and all drill bits (carbide or diamond bit, backfill bit) <input type="checkbox"/>	Sanding bands <input type="checkbox"/>	Under-nail cleaner <input type="checkbox"/>
Products used	Surface sanitiser <input type="checkbox"/>	Nail enamel remover <input type="checkbox"/>	Cuticle remover <input type="checkbox"/>
	Hand and nail sanitiser <input type="checkbox"/>	Nail cleanser/Dehydrator <input type="checkbox"/>	Nail adhesive <input type="checkbox"/>
	Nail tips <input type="checkbox"/>	Primer <input type="checkbox"/>	Base coat <input type="checkbox"/>
	Couch roll <input type="checkbox"/>	Tissues <input type="checkbox"/>	Nail files <input type="checkbox"/>
	Lint free wipes <input type="checkbox"/>		
Products and further services recommended			
Client comments			
Self evaluation	I confirm that I have received aftercare advice		Clients signature:
Self evaluation	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 comments	Learner signature:		
Assessor(s) comments			
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"/>		

UBT114M Design and apply nail art

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 or nail 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	Aftercare products and there use <input type="checkbox"/>	Avoidance of activities which may cause contra-actions <input type="checkbox"/>		Time intervals between services <input type="checkbox"/>		
	Additional products and services <input type="checkbox"/>					
Nail conditions	Longitudinal ridges <input type="checkbox"/>	Beau's Lines <input type="checkbox"/>		Leuconychia <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>	Eggshell nails <input type="checkbox"/>		Discoloured nails <input type="checkbox"/>		
	Pterygium <input type="checkbox"/>	Broken <input type="checkbox"/>		Split <input type="checkbox"/>		
	Dry <input type="checkbox"/>	Brittle <input type="checkbox"/>		Nail separation <input type="checkbox"/>		
	Other <input type="checkbox"/>					
	If other explain:					
Nail shape	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>		Spoon <input type="checkbox"/>		
	Bitten <input type="checkbox"/>	Oval <input type="checkbox"/>		Square <input type="checkbox"/>		
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>		Flaky <input type="checkbox"/>		
	Callus <input type="checkbox"/>	Corns <input type="checkbox"/>		Hard skin <input type="checkbox"/>		
	Cuts and abrasions <input type="checkbox"/>	Blisters <input type="checkbox"/>		Bruising <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>					



Service outcome	3D <input type="checkbox"/>	2D <input type="checkbox"/>	Embedding <input type="checkbox"/>
	Alternative tip shapes <input type="checkbox"/>		
Techniques used	Custom blending <input type="checkbox"/>	Colour fading <input type="checkbox"/>	Marbling <input type="checkbox"/>
	Painting <input type="checkbox"/>	Imprinting <input type="checkbox"/>	
Products used	Fabrics <input type="checkbox"/>	Glitters <input type="checkbox"/>	Jewels <input type="checkbox"/>
	Decals <input type="checkbox"/>	Embellishments <input type="checkbox"/>	Coloured powders <input type="checkbox"/>
	Coloured UV gels <input type="checkbox"/>	Dehydrator <input type="checkbox"/>	Sanitiser <input type="checkbox"/>
	Base coat <input type="checkbox"/>	Colour enamels <input type="checkbox"/>	Enamel secures <input type="checkbox"/>
	Adhesive <input type="checkbox"/>	Sealant <input type="checkbox"/>	Hand cream <input type="checkbox"/>
	Lotion <input type="checkbox"/>	Cuticle oil <input type="checkbox"/>	
Tools and equipment used	Cuticle pusher <input type="checkbox"/>	Cuticle nippers <input type="checkbox"/>	Tip cutters <input type="checkbox"/>
	Nail clippers/Scissors <input type="checkbox"/>	Files and buffers <input type="checkbox"/>	Stiff bristled nail brush <input type="checkbox"/>
	Product application products <input type="checkbox"/>	Nail art brushes (fine, stripping, shading, fan) <input type="checkbox"/>	Dotting tools <input type="checkbox"/>
	Stamps <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"/>		

UBT116M Airbrush nail art

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 or nail 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	Aftercare products and there uses <input type="checkbox"/>	Avoidance of activities which may cause contra-actions <input type="checkbox"/>	Time intervals between services <input type="checkbox"/>
	Additional products and services <input type="checkbox"/>		
Nail conditions	Longitudinal ridges <input type="checkbox"/>	Beau's Lines <input type="checkbox"/>	Leuconychia <input type="checkbox"/>
	Hangnails <input type="checkbox"/>	Eggshell nails <input type="checkbox"/>	Discoloured nails <input type="checkbox"/>
	Pterygium <input type="checkbox"/>	Broken <input type="checkbox"/>	Split <input type="checkbox"/>
	Dry <input type="checkbox"/>	Brittle <input type="checkbox"/>	Nail separation <input type="checkbox"/>
	Other <input type="checkbox"/>		
	If other explain:		
Nail shape	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>	Spoon <input type="checkbox"/>
	Bitten <input type="checkbox"/>	Oval <input type="checkbox"/>	Square <input type="checkbox"/>
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Flaky <input type="checkbox"/>
	Callus <input type="checkbox"/>	Corns <input type="checkbox"/>	Hard skin <input type="checkbox"/>
	Cuts and abrasions <input type="checkbox"/>	Blisters <input type="checkbox"/>	Bruising <input type="checkbox"/>
	Hangnails <input type="checkbox"/>		
Service outcome	Airbrush nail art design <input type="checkbox"/>		
Equipment used	Airbrush gun <input type="checkbox"/>	Compressor <input type="checkbox"/>	Stencils <input type="checkbox"/>
	Masking paper <input type="checkbox"/>	Cutter and cutting board <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"/>		

UBT117M Gel polish for nails

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 or nail 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	Suitable products and there uses <input type="checkbox"/>	Avoidance of activities which may cause contra-actions <input type="checkbox"/>		The recommended timings between gel polish applications <input type="checkbox"/>		
	Homecare routines <input type="checkbox"/>	Suitable aftercare advice <input type="checkbox"/>				
Nail conditions	Longitudinal ridges <input type="checkbox"/>	Beau's Lines <input type="checkbox"/>		Leuconychia <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>	Eggshell nails <input type="checkbox"/>		Discoloured nails <input type="checkbox"/>		
	Pterygium <input type="checkbox"/>	Broken <input type="checkbox"/>		Split <input type="checkbox"/>		
	Dry <input type="checkbox"/>	Brittle <input type="checkbox"/>		Nail separation <input type="checkbox"/>		
	Other <input type="checkbox"/>					
	If other explain:					
Nail shape	Fan <input type="checkbox"/>	Hook <input type="checkbox"/>		Spoon <input type="checkbox"/>		
	Bitten <input type="checkbox"/>	Oval <input type="checkbox"/>		Square <input type="checkbox"/>		
Skin condition	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>		Flaky <input type="checkbox"/>		
	Callus <input type="checkbox"/>	Corns <input type="checkbox"/>		Hard skin <input type="checkbox"/>		
	Cuts and abrasions <input type="checkbox"/>	Blisters <input type="checkbox"/>		Bruising <input type="checkbox"/>		
	Hangnails <input type="checkbox"/>					
Applied gel polish to	Fingernails <input type="checkbox"/>	Toenails <input type="checkbox"/>				
Type of finish used	Dark colour <input type="checkbox"/>	Light colour <input type="checkbox"/>		French <input type="checkbox"/>		
	Base coat <input type="checkbox"/>	Top coat <input type="checkbox"/>		Create a design on the nails using gel polish <input type="checkbox"/>		
Type of removal techniques used	Manual <input type="checkbox"/>	Chemical <input type="checkbox"/>				



Justification for service, products, tools, equipment and techniques 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: