
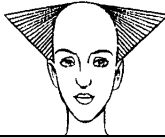
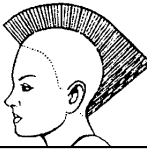
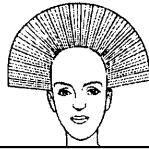


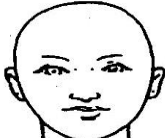
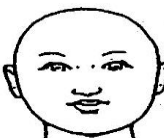
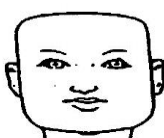
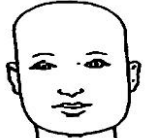
Student name:	Date:
Clients name:	New client / regular client
Unit number(s): G20 G4 G8 G7 G17 G18 GH8 GH9 GH10 GH11 GH12	

Service / Treatment provided:								
Shampoo / condition	Scalp treatment	Cutting	Styling	Setting	Colour and lighten	Plaiting / twisting	Hair up	Perm

Considered all influencing factors:						
Hair Type	African	Caucasian	Asian			
Hair Texture (layers of cuticles)	5	8/9	12			
Density (amount of hair)	Thick	Medium	Thin			
Hair Movement	Straight	Wavy	Curly			
Hair Length	Above shoulder	Below Shoulder	One length	Layered	Fringe	
% of White Hair	None	10%	25%	50%	75%	100%
Hair Condition	Normal	Heat damage	Chemical damage	Product build up	Environmentally damaged	
Scalp Condition	Normal	Oily	Dandruff	Dry	Product build up	
Chemically Treated	Virgin	Previously Permed	Previously coloured	Previously hi-lighted	Previously relaxed	
Growth Patterns	Cowlick	Widows peak	Nape Whorl	Double crown		
Contra-indications				Advice given / Actions taken		
History of allergic reaction to colour	Yes	No				
Other known allergies	Yes	No				
Skin disorders and diseases	Yes	No				
Incompatibility of products on hair	Yes	No				
Medical history	Yes	No				
Medical advice or instructions	Yes	No				
Evident hair damage	Yes	No				
Cuts & abrasions	Yes	No				
Recent injuries/scar tissue	Yes	No				
Removal of extensions/plaits	Yes	No				
Lifestyle	Yes	No				

Personal Protective Equipment:					
Gown	Towel	Cape	Cap	Gloves	Apron

Type of hair cut:			
			
One length	Short graduation	Long graduation	Uniform layer

Face shape:			
			
Oval	Round	Square	Oblong

Hair tests:			
Porosity	Good	Average	Poor
Elasticity	Good	Average	Poor
Incompatibility test	Negative reaction	Positive reaction	
Skin test	Negative reaction	Positive reaction	
Colour test	Achieved target result		
Development test	Achieved target result		

Products used during service:					
Shampooing	Normal	Oily	Chemically treated	Dry	Dandruff
Conditioning	Surface	Penetrating	Scalp Treatment		
Scalp massage products	Oils	Creams	Treatment shampoo/conditioner	Spirit based	Lotions
Styling products	Lotion	Mousse	Activator	Gel	Heat protector
Finishing products	Spray	Wax	Dressing cream	Serum	Oils
Colouring	Temporary	Semi	Quasi	Permanent	Lightener

Techniques used during service:					
Shampoo / condition	Effleurage	Petrissage	Rotary	Friction	
Cutting	Club cutting	Scissor-over-comb	Clipper-over-comb	Freehand	Thinning
Blow-drying	Curling	Straightening	Smoothing	Volume	Movement
	Finger dry	Backcombing	Backbrushing		
Setting	Brick	Directional	Spiral curling	On / off base	Pin curling
Hair-up	Plait	Twists	Rolls	Pleat	Curls
Colouring	Full head	Re-growth	Hi/lo-lights (woven)	Hi/lo-lights (cap)	Placed application

Equipment used:							
Cutting comb	Wide tooth comb	Tail comb	Dressing comb	Scissors	Thinning scissors	Clipper attachments	Razors
Curling Tongs	Straighteners	Hand dryer	Diffuser	Nozzle	Flat brush	Vent brush	Clippers
Hood dryer	Heated rollers	Rollers with pins	Pin clips	Bowl and brush	Steamer	Heat accelerator	Round brush
Other:							

Using the ICC numbering system identify the present colour of hair:



Quantity of colour product used	1/4 tube	1/2 tube	3/4 tube	whole tube		
Quantity of lightening product used						
Peroxide strength used	2%	4%	6%	9%	12%	Other:
Mixing ratios						
Sequence						

Advice given to client:			Advice given:
Homecare routine	Yes	No	
Suitable aftercare product	Yes	No	
Advice regarding heated styling	Yes	No	
How to recreate and maintain style	Yes	No	
Time interval between services	Yes	No	
How lifestyle can affect durability	Yes	No	

Which health and safety acts were covered whilst completing the service(s):	
Act:	How:

Client statement

Did the stylist discuss with you your requirements before any service began? Yes / No
 Ddaru'r arddulliwr drafod gyda chi eich gofynion cyn i'r gwasanaeth cychwyn? Ie / Na

Was advice given on the condition of your hair and scalp? Yes / No
 Oedd chyfarwyddyd wedi rhoi i chi gydag eich cyflyra gwallt a scalp? Ie / Na

Did the stylist ask about previous treatments / problems? Yes / No
 Ddaru'r arddulliwr gofyn amdan flaenorol hymdriniaeth? Ie / Na

Did the stylist recommend products? Yes / Na
 Ddaru'r arddulliwr argymhell unrhyw gynhyrchion? Ie / Na

Were you happy with the service provided? Yes/ No
 Oeddech chi'n hapus gyda'r gwasanaeth arlliwedig? Ie / Na

Client's Comments / Signature
 Sylwadau / llofnod Cleient

Date:

Student comments on service:

Areas for future development:	Assessors comments:	
Service		
Techniques		
Timing		
Communication		
Client care		

Assessors comments on service:

Working progress



Units

Competent



Units

Assessors Signature:

Student Signature:

IV Signature: