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| Level 2 End-point Assessment for ST0630/AP01 Beauty Therapist (9129-12) |

**May 2021 Version 1.0**

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| Version and date | Change detail | Page/Section |
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Contents

1 Introduction 4

What is in this document 4

How to use forms 4

Beauty Therapist Competency statement form 5

Declaration of authentication – On-programme package of information form 7

Assessment 9129-12: Beauty Therapist – On-programme package of information evidence reference form 8

1. Introduction

### What is in this document

Recording forms to be used by Centres/End-point Assessment Customers/Employers including:

* On-programme competency statement form
* Declaration of authentication – Portfolio of evidence form
* Portfolio of evidence reference form

This document must be used alongside the Assessment Pack for Centres / End-point Assessment Customers / Employers.

### How to use forms

Centres/End-point Assessment Customers/Employers/Training Providers must use the forms provided by City & Guilds in the format laid out in this document.

**Competency statement form**

**Declaration of authenticity form**

This form must be completed and submitted along with the Collection of looks (Portfolio) evidence reference form.

**On-programme package of information evidence reference form**

In this form the evidence reference column should indicate the evidence reference number which should also be found on the header of the relevant piece of evidence.

The evidence type column should indicate the type of evidence submitted, for example witness testimony.

For colouring the reference form should also capture which Colour manufacturer & products used during on programme assessment.

**Note: The evidence reference form must be uploaded as a word processing document.**

### Beauty Therapist Competency statement form

|  |  |  |  |
| --- | --- | --- | --- |
| Apprentice name: |  | Enrolment no. |  |

|  |  |
| --- | --- |
| Theme | Competency statement |
| **Professionalism, values and safe working practices**  Pass descriptor:  The apprentice is capable of managing and running a beauty therapy appointment system within expected treatment times, working safely and hygienically at all times and showing a professional approach, demonstrating honesty, integrity, a commitment to quality and maintain confidentiality to customers and their work and maintaining confidentiality.  Shows clients respect at all times and in all circumstances, demonstrating client empathy, sensitivity and awareness. |  |
| **Technical skills**   * **Providing waxing services** * **Provide hand and nail treatments** * **Provide foot treatments** * **Provide facial treatments** * **Provide eyelash and eyebrow treatments** * **Provide make-up application** * **Provide basic massage treatments**   Pass descriptor:  The apprentice can competently complete beauty treatment consultations, using a range of beauty therapy techniques, methods, tools and products to achieve agreed treatment outcomes.  Adapt positively to changing work priorities and patterns when new tasks need to be completed or requirements change. |  |
| **Customer service**  Pass descriptor:  The apprentices product and treatment advice is comprehensive, and evidence knowledge and understanding that includes how to use beauty therapy treatments, products and services to enhance the client’s appearance.  Client comfort and satisfaction are maintained throughout all beauty therapy treatments. |  |

**Training Provider Disclaimer**

The examples provided within this competency statement are a true and accurate account of real work-based examples. The apprentice has been observed carrying out work-based activities where they have shown practical competency against the standard.

|  |  |
| --- | --- |
| **On-programme assessor name:** |  |
| **On-programme assessor signature:** |  |
| **Date** |  |

**Employer Disclaimer**

The examples provided within this competency statement are a true and accurate account of real work-based examples. The Apprentice has been observed carrying out work-based activities where they have shown practical competency against the standard.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Role:** |  |
| **Date** |  |

### Declaration of authentication – On-programme package of information form

|  |  |  |  |
| --- | --- | --- | --- |
| Apprentice name: |  | Enrolment  number |  |

**Apprentice declaration:**

I confirm that all work submitted is my own, and that I have acknowledged any sources I have used.

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice** |  | **Date** |  |

**Line manager declaration:**

I confirm that all work was conducted under conditions designed to assure the authenticity of the Apprentice’s work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the apprentice

|  |  |  |  |
| --- | --- | --- | --- |
| **Line manager** |  | **Date** |  |

**Training Provider declaration (if appropriate):**

I confirm that the evidenced presented by the Apprentice is ready for End-Point Assessment. It is valid, authentic, reliable, current, and sufficient to meet the requirements of the relevant standard.

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Provider** |  | **Date** |  |

### Assessment 9129-12: Beauty Therapist – On-programme package of information evidence reference form

| **Standard reference** | | **Evidence type**  **Employer /Training Provider only** | **Evidence reference**  **Employer /Training Provider only** | **Evidence meets EPA**  **IEPA only** | **IEPA comments**  **IEPA only** |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Provide waxing services** | | | | | | |
|  | Consult, plan, prepare and perform waxing services to remove unwanted hair from two areas on clients to include: |  |  |  |  | |
|  | ½ leg including the knee |  |  |  |  | |
|  | another area from:   * legs * underarm * face * bikini line |  |  |  |  | |
| **Provide hand, nail and foot treatments** | | | | | | |
|  | Consult, plan, prepare and perform hand, foot and nail treatments on clients (the opposite polish finish must be used in the hand to the foot treatment) to include: |  |  |  |  | |
|  | one hand and nail treatment to include either a:   * dark polish finish or * French polish finish |  |  |  |  | |
|  | **one** foot treatment to include either a:   * dark polish finish or * French polish finish |  |  |  |  | |
|  | either a:   * foot and or nail treatment * hand and or nail treatment |  |  |  |  | |
| **Provide facial treatments** | | | | | | |
|  | Consult, plan, prepare and perform  facial skin care treatments, use  facial products and equipment, and  improve and maintain skin  condition on clients to include: |  | | | | |
|  | one facial treatment to include:   * cleanse * tone * exfoliation * massage * mask * moisturise |  |  |  |  | |
| **Provide eyelash and eyebrow treatments** | | | | | | |  |
|  | Consult, plan, prepare and perform  enhancements to the appearance of  the eyebrows and lashes on clients  to include: |  |  |  |  | |
|  | three eye and brow artistry treatments to include:   * eyebrow artistry * one eyelash attachment system * one eyelash tint |  |  |  |  | |
| **Provide make-up application** | | | | | | |  |
|  | Consult, plan, prepare and perform  make-up services on clients to  include: |  |  |  |  | |
|  | identification of the skin type  and condition |  |  |  |  | |
|  | one make-up look:   * minimal make-up * natural make-up * intense make-up * special occasion make-up |  |  |  |  | |
| **Provide basic massage treatments** | | | | | | |  |
|  | Consult, plan, prepare and perform  manual back, neck and shoulder  massage treatments on clients to  include: |  |  |  |  | |
|  | one back, neck and shoulder  massage treatment to include:   * effleurage * petrissage * tapotement |  |  |  |  | |