

## Unit 614 Hairdressing Consultation Support for Colleagues

Recommended Unit Guided Learning Hours – 30

Learning Outcome	Assessment Criteria																
<p>1. Be able to provide consultation support to colleagues</p>	<p>1.1 Communicate effectively with colleagues and their clients in a manner that maintains client goodwill, trust and confidentiality</p> <p>1.2 Deal with analysis problems reported by colleagues promptly</p> <p>1.3 Make sure client records are accurately completed</p> <p>1.4 Balance the clients' requirements with salon resources</p> <p>1.5 Provide the type of support required for the reported analysis problems</p> <p>1.6 Provide clear recommendations based on client requirements and the outcome of analysis of the hair, skin and scalp</p> <p>1.7 Explain how and why tests are carried out for different services</p> <p>1.8 State the likely causes of adverse hair, skin and scalp conditions</p> <p>1.9 State which adverse hair, skin and scalp conditions should be referred to other specialists</p> <p>1.10 Explain the salon's policy for referring clients to other specialists when requested services are not offered</p> <p>1.11 Describe how to take part in group discussions in a way that will maintain client goodwill and confidentiality</p> <p>1.12 State the importance of recording client responses to questions about contraindications</p> <p>A minimum of 3 practical performances</p>																
<p>Assessment method:</p>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Practical performance:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Assignment:</td> <td colspan="3">MCQ:</td> </tr> <tr> <td>Date:.....</td> <td colspan="3">Date:.....</td> </tr> </table>		1	2	3	Practical performance:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Assignment:	MCQ:			Date:.....	Date:.....		
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Unit complete:  Date.....Lecturer's/Assessor's name.....Signature.....

Quality assured by Name.....Signature .....Date sampled.....

