Unit 817 - Provide Ear Piercing

Unit Accreditation Number: F/601/5482

Learning Outcome	Assessment Criteria	
1. Be able to prepare for ear piercing	1.1	Prepare themselves, client and work area for ear piercing
	1.2	Use suitable consultation techniques to identify treatment objectives
	1.3	Provide clear recommendations to the client
	1.4	Select products, tools and equipment to suit client treatment needs
	1.5	Describe the environmental conditions suitable for ear piercing
	1.6	Describe different consultation techniques used to identify treatment objectives
	1.7	Describe how to select products, tools and equipment to suit client treatment needs
	1.8	Describe the contraindications to ear piercing
2. Be able to provide ear piercing	2.1	Communicate and behave in a professional manner
	2.2	Follow health and safety working practices
	2.3	Position themselves and client correctly throughout the treatment
	2.4	Use tools, equipment and techniques to suit clients and treatment needs
	2.5	Complete the treatment to the satisfaction of the client
	2.6	Record the results of the treatment
	2.7	Provide suitable aftercare advice
	2.8	State how to communicate and behave in a professional manner
	2.9	Describe health and safety working practices
	2.10	State the importance of positioning themselves and the client correctly throughout the treatment
	2.11	State the importance of using product equipment and techniques to suit the client treatment needs
	2.12	State the contra-actions that may occur during and following treatments and how to respond
	2.13	State the importance of completing the treatment to the satisfaction of the client
	2.14	State the importance of completing treatment records
	2.15	State the aftercare advice that should be provided
	2.16	Describe the blood and lymph supply to the ear
	2.17	Describe the external structure of the ear
	A minimum of 2 practical performances	

Assessment method:						
	Performance evidence:	☐	Internal Assessment:	☐	Assignment:	☐
	Date:................		Date:................		Date:................	

Unit complete:

Assessor's name.. Signature .... Date…………………..……

Internal Verifier's name.......................................Signature ....Date sampled........................

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