



**ITEC Level 3**  
**Unit 838 – Apply Airbrush Make-Up for the Face**  
**Assignment Assessment Form**

**INSTRUCTIONS:**

- Assessors must use this form to evaluate Learners' submitted evidence, which may be a combination of some or all of the types listed below. Please indicate with a '✓' which source of information was submitted and accepted, and indicate with an 'X' evidence submitted but not accepted
- Learners may re-submit evidence for further evaluation at any stage of their course in order to achieve success. For Technical Level Qualifications, Learners who fail to reach the required standard will be permitted one re-submission opportunity via an additional assignment
- When all evidence has been submitted and accepted Assessors must place a '✓' in the Assignment Completed box. This indicates a Pass mark
- The form must be placed with the assignment evidence for ITEC external verification purposes

| <b>Unit 838 – Apply Airbrush Make-Up for the Face</b>                             | <b>Written Word</b> | <b>Chart</b> | <b>Spider Diagram</b> | <b>Other Pictorial Presentation</b> | <b>Date Accepted</b> |
|---|---------------------|--------------|-----------------------|-------------------------------------|----------------------|
| Airbrush design plan for the face   |                     |              |                       |                                     |                      |
| Types of products, tools and equipment used                                       |                     |              |                       |                                     |                      |
| Client consultation including skin type, contraindications and contra-actions     |                     |              |                       |                                     |                      |
| Application techniques  |                     |              |                       |                                     |                      |
| The importance of client care   |                     |              |                       |                                     |                      |
| After care and home care advice   |                     |              |                       |                                     |                      |
| The importance of maintaining a healthy, hygienic and safe treatments environment |                     |              |                       |                                     |                      |

**Assignment Completed – Pass** ☐

Learner's Name..... External Verifier's Name..... Internal Verifier's Name. ....

Learner's Signature..... External Verifier's Signature..... Internal Verifier's Signature .....

Assessor's Name..... Date..... Date .....

Assessor's Signature.....