



# Reflective Journal Guidance Form

iUHB250 – Provide a trichology service

To be completed by the lecturer and verified by the external quality assurer. Please attach a copy of this sheet to the front of each learner's completed treatment evidence form.

**Learner name:** \_\_\_\_\_

**Learner number:** \_\_\_\_\_

**Centre name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Evidence recorded of 3 months personal development plan to include a personal journal/diary/log with details of self-reflection and use of trichology knowledge and skills

The learner has demonstrated evidence of the following (please tick box):	Yes	No
Personal values, beliefs, skills and qualities		
The effects of legal issues on developing a client hypothesis		
The effects of developing client hypothesis on future practice		
The importance of evaluating results of treatment and relating results to future practice		
The effects of continuous personal development on practice		
The importance of feedback (client and tutor) in personal development		
Personal development needs and goals		
Analysis of the impact of personal development		
<b>All areas above complete</b>		

**Please note:** each box must be ticked 'Yes' in order to gain a pass grade. If any area is answered 'No' the personal reflective journal will be referred until the omitted section is completed.

**Learner name:** \_\_\_\_\_

**Learner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lecturer/Assessor name:** \_\_\_\_\_

**Lecturer/Assessor name signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Quality Assurer Name:** \_\_\_\_\_

**Internal Quality Assurer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**External Quality Assurer Name:** \_\_\_\_\_

**External Quality Assurer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if sampled)

## Document History

Version	Issue Date	Changes	Role
v1	23/09/2019	First published	Qualifications and Regulation Co-ordinator