

Assignment Assessment Form

iUCO65 – Chemistry of hair and beauty products

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.
- When all evidence has been submitted and accepted assessors must place a \checkmark in the Assignment Completed box. This indicates a pass mark.
- The form must be placed with the project evidence for external quality assurance purposes.

Please tick box:	V	Written report			Chart						oide	r dia	agra	m	Graph							r pic enta			D	Date accepted				
Active ingredients	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
The effects/role of the ingredient for the skin																														
Benefits of the ingredient for the skin																														
Any specific safety precautions																														
							Active ingredients 1-5 completed:										P	_	- 🗆											

Please tick box:	Written report		Chart					2	Spider diagram						Graph						-	ctor atio		D	Date accepted						
Active ingredients	6	7	8	9	10	6	7	8	3 9	10	0 6	7	,	8	9	10	6	7	8	9	10	6	7	8	9	10	6	7	8	9	10
The effects/role of the ingredient for the skin																															
Benefits of the ingredient for the skin																															
Any specific safety precautions																															
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Please tick box:	V	Written report		Chart					Sp	bide	r di	agra	m		Grap	h				-	tori atio		D	Date accepted						
Active ingredients	11	12	13	14	15	11	12	13	14	15	11	12	13	14	15	11	12	13	14	15	11	12	13	14	15	11	12	13	14	15
The effects/role of the ingredient for the skin																														
Benefits of the ingredient for the skin																														
Any specific safety precautions																														
Active ingredients 11-15 completed:									1		P	ass -	-]	1	I														

Learner's names:	Lecturer/assessor's name:	Quality assured by name:
Learner's signature:	Lecturer/assessor's signature:	Quality assured by signature:
Date:	Date:	Date:
If sampled:		
External quality assurer name:	External quality assurer signature:	Date:

Document History

Version	Issue Date	Changes	Role
v2		Re-published following review and branding update	Qualifications Administrator