

# Assignment Assessment Form

iUBT368 – Themed face painting

Name of learner: \_\_\_\_\_

**This assessment sheet must be completed in full for each learner by the internal assessor**

- **Conducting the assessment** – The evaluation should be based on the criteria detailed below. The assessor should base their evaluation entirely on the learner’s performance during the assessment exercise; they should remain objective and should not coach or distract the learner during the assessment. Please indicate with a ✓ criteria that are completed successfully, indicating with an × criteria that have not been completed successfully.
- **Once all boxes have been ticked the assessor must place a ✓ in the pass box indicating that the task is complete.**

Criteria	Assessor’s comments			
	Completed	Completed	Completed	Completed
<b>Appearance – The learner demonstrated:</b>				
Clean, ironed professional overall/uniform				
Clean, neat hair - tied back/up if long and off the collar and face				
Short, clean, well-manicured nails with no varnish and clean hands				
Clean, sensible full flat shoes, and socks or tights				

No jewellery - with the exception of a wedding band and 1 pair of small stud earrings (religious jewellery must be taped)					
No body or breath odour					
No chewing gum or sucking sweets					
No visible undershirts/underwear					
Skirts to the knee. Trousers cropped no higher than calf/ trousers not trailing on the floor					
<b>Communicate and behave in a professional manner – The learner:</b>					
Greeted and introduced self to the client					
Looked the client in the eye when speaking to them					
Spoke clearly					
Spoke politely					
Spoke honestly when questioned about treatments					
Listened to the client					
Demonstrated ethical conversation					
Demonstrated positive facial expressions					
Demonstrated positive body language					
Demonstrated good posture					
<b>Client care and preparation for treatment – The learner:</b>					
Stated the procedure for client preparation (written list or oral)					

Stated the factors that could influence the design of an image for a themed face painting (written list or oral)				
Prepared the work station appropriately				
Showed the client where to change				
Explained the treatment procedure to the client				
Asked the client to remove appropriate clothing for the treatment				
Covered the client appropriately for the treatment				
Removed the client's jewellery and accessories as appropriate				
Stored the client's valuables in a safe place				
Protected the client's hair				
Demonstrated appropriate towel management throughout				
Ensured the client's comfort/ modesty throughout				
<b>Hygiene and sterilisation – The learner:</b>				
Wiped equipment over with appropriate sanitiser before and after use				
Sanitised hands before, during and after treatment as appropriate				
Replaced lids on products and used spatulas to remove creams				
Disposed of waste hygienically and appropriately				
Demonstrated correct use of salon sterilising equipment/cabinets				
Stored sanitised/sterilised equipment appropriately				
Used freshly laundered towels for each client				

Used freshly laundered gowns for each client					
Ensured that the floor/trolleys/surfaces are clean and sanitised where appropriate					
<b>Carry out themed face painting service – The learner:</b>					
Designed a 2D image					
Stated the products and tools used in a themed face painting service (written list or oral)					
Selected products and tools					
Cleansed and toned the skin appropriately					
Created a 3D design on the face for a 2D image					
Checked that the finished result is to the client’s satisfaction					
Showed the client to the changing room/area					
Ensured that the client’s record card is up to date and accurate					
Left the work place in a suitable condition for further treatments					
					Task Completed
					Pass

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

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

**Assessor’s name:** \_\_\_\_\_

**Assessor’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**External verifier’s name:** \_\_\_\_\_

**External verifier’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Document History**

Version	Issue Date	Changes	Role
v1	19/12/2019	First published	Qualifications Administrator