

Consultation sheet

iHB2C12 – VTCT (ITEC) Level 2 Certificate in Cutting Men's Hair

Portfolio reference:

Learner name:			
Learner number:			
Client name:		New client <input type="checkbox"/>	Regular client <input type="checkbox"/>
Date:			
Advise and consult with clients for hair services	<input type="checkbox"/>	Shampoo, condition and treat the hair and scalp	<input type="checkbox"/>
Style and finish men's hair using a variety of techniques	<input type="checkbox"/>	Cut men's hair using a variety of techniques	<input type="checkbox"/>
Cut facial hair to shape	<input type="checkbox"/>	Provide outlines and detailing in hair	<input type="checkbox"/>
Service overview/ service timings:	Client wishes/occasion:		

Implication to services	Service/Advice given
Limitations to other services	
Changes to existing hair/scalp/face/beard care regime	

Hair classifications	Texture		
Type 1 – Straight hair	1a Fine	1b Medium	1c Coarse
	Straight <input type="checkbox"/>	Straight with volume <input type="checkbox"/>	Straight difficult hair <input type="checkbox"/>
Type 2 – Wavy hair	2a Fine	2b Medium	2c Coarse
	'S' pattern <input type="checkbox"/>	Frizzy 'S' pattern <input type="checkbox"/>	Very frizzy 'S' pattern <input type="checkbox"/>
Type 3 – Curly hair	3a Fine	3b Medium	3c Coarse
	Soft curl <input type="checkbox"/>	Loose curl <input type="checkbox"/>	Tight curl <input type="checkbox"/>
Type 4 – Very curly hair	4a Fine	4b Medium	4c Coarse
	Tightly coiled curl pattern <input type="checkbox"/>	Z pattern & spring curl <input type="checkbox"/>	Tight Z pattern <input type="checkbox"/>







Influencing factors:					
Density (amount of hair)	Thick <input type="checkbox"/>	Medium <input type="checkbox"/>	Thin <input type="checkbox"/>		
Hair length	Above shoulder <input type="checkbox"/>	Below shoulder <input type="checkbox"/>	One length <input type="checkbox"/>	Layered <input type="checkbox"/>	Fringe <input type="checkbox"/>
Hair condition	Balanced/ normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Damaged <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Dry <input type="checkbox"/>
Scalp condition	Balanced/ normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Dandruff <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Dry <input type="checkbox"/>
Growth patterns	Cowlick <input type="checkbox"/>	Widows peak <input type="checkbox"/>	Nape whorl <input type="checkbox"/>	Double crown <input type="checkbox"/>	Male pattern baldness <input type="checkbox"/>
Piercings	Facial <input type="checkbox"/>	Ears <input type="checkbox"/>			
Facial contours	Mouth <input type="checkbox"/>	Width of lips <input type="checkbox"/>	Nose <input type="checkbox"/>	Shape of jaw <input type="checkbox"/>	Moles/dimples <input type="checkbox"/>
Skin elasticity/age	18-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	36-45 <input type="checkbox"/>	46-55 <input type="checkbox"/>	56-65 <input type="checkbox"/>
	66-75 <input type="checkbox"/>	76 and above <input type="checkbox"/>			

Will the contra-indications affect the service:			Advice given/actions taken
Suspected infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Suspected infestations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical advice or instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Evident hair damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cuts and abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Recent injuries/scarring	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sensitised skin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dehydrated skin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Ingrowing hair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Head and face shape	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Facial contour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Piercings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Distinguishing features	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Incompatibility of products and services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Presence of added hair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hair length	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Androgenic alopecia (male pattern baldness)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cicatricial alopecia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Alopecia areata	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lifestyle (such as occupation, diet, sleep patterns)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	






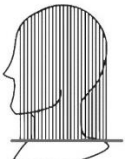
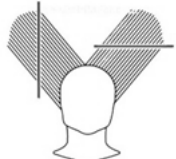
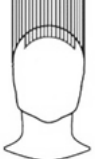

Testing hair results:

Porosity test	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Poor	<input type="checkbox"/>		
Elasticity test	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Poor	<input type="checkbox"/>		









Face shapes:

					
Oval	Square	Round	Heart	Oblong	Diamond

Haircut type:

				
Square	Taper	Round	Fade	Parting
				
One length	Graduation	Square layer	Uniform	
















Sideburns:

							
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Personal protective equipment:

PPE	Gown	<input type="checkbox"/>	Cutting collar	<input type="checkbox"/>	Towel(s)	<input type="checkbox"/>	Cotton wool	<input type="checkbox"/>	Cape	<input type="checkbox"/>
	Neck protection	<input type="checkbox"/>	Cap	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	Apron	<input type="checkbox"/>		

Beard and moustache designs:

Clean Shaven	Stubble (Short)	Stubble (Medium)	Stubble (Long)	Full Beard					
									

Tools/Equipment:					
Equipment used	Bowl and brush <input type="checkbox"/>	Clipper attachments <input type="checkbox"/>	Clippers <input type="checkbox"/>	Cutting comb <input type="checkbox"/>	Neck brush <input type="checkbox"/>
	Diffuser <input type="checkbox"/>	Round brush <input type="checkbox"/>	Flat brush <input type="checkbox"/>	Gloves <input type="checkbox"/>	Hairdryer <input type="checkbox"/>
	Nozzle <input type="checkbox"/>	Thinning scissors <input type="checkbox"/>	Razors <input type="checkbox"/>	Texturising scissors <input type="checkbox"/>	Scissors <input type="checkbox"/>
	Water spray <input type="checkbox"/>	Foils <input type="checkbox"/>	Steamer <input type="checkbox"/>	Straightening irons <input type="checkbox"/>	Trimmers <input type="checkbox"/>
	Disposable razor blades <input type="checkbox"/>	Detailers <input type="checkbox"/>	Wide-tooth comb <input type="checkbox"/>	Eye pads <input type="checkbox"/>	Mirror <input type="checkbox"/>
	Other:				

Products used during service:					
Shampooing	Balanced/normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Dry <input type="checkbox"/>	Damaged <input type="checkbox"/>
Conditioning	Surface <input type="checkbox"/>	Penetrating <input type="checkbox"/>	Scalp treatment <input type="checkbox"/>		
Styling and finishing	Tonics <input type="checkbox"/>	Moisturisers/Oils <input type="checkbox"/>	Styling powder <input type="checkbox"/>	Gel <input type="checkbox"/>	Cream <input type="checkbox"/>
	Spray <input type="checkbox"/>	Wax/pomade <input type="checkbox"/>	Mousse <input type="checkbox"/>		
Cutting	Tonics <input type="checkbox"/>	Detangling solution <input type="checkbox"/>			
Cut facial hair	Oil <input type="checkbox"/>	Wax <input type="checkbox"/>			

Techniques used:					
Shampoo/condition/treat	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Rotary <input type="checkbox"/>	Friction <input type="checkbox"/>	
Dry and finish men's hair	Straightening <input type="checkbox"/>	Smoothing <input type="checkbox"/>	Volume and lift <input type="checkbox"/>	Movement and curl <input type="checkbox"/>	Texture <input type="checkbox"/>
	Brush drying <input type="checkbox"/>	Finger drying <input type="checkbox"/>			
Cutting barbering techniques	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Eyebrow trim <input type="checkbox"/>	Graduating <input type="checkbox"/>	Layering <input type="checkbox"/>
	Tapering <input type="checkbox"/>	Club cutting <input type="checkbox"/>	Scissor over comb <input type="checkbox"/>	Clipper over comb <input type="checkbox"/>	Thinning <input type="checkbox"/>
	Freehand <input type="checkbox"/>	Texturising <input type="checkbox"/>	Razor cutting <input type="checkbox"/>	Fading <input type="checkbox"/>	Covering ear <input type="checkbox"/>
	Around ear <input type="checkbox"/>	With fringe <input type="checkbox"/>	Disconnecting <input type="checkbox"/>	Precision cutting <input type="checkbox"/>	Asymmetric <input type="checkbox"/>
Necklines	Tapered <input type="checkbox"/>	Square <input type="checkbox"/>	Full <input type="checkbox"/>	Skin fade <input type="checkbox"/>	
Outline shapes	Natural <input type="checkbox"/>	Created <input type="checkbox"/>	Tapered <input type="checkbox"/>		
Facial hair cutting	Moustache <input type="checkbox"/>	Beard and moustache <input type="checkbox"/>	Full beard and moustache <input type="checkbox"/>	Clipper over comb <input type="checkbox"/>	Scissor over comb <input type="checkbox"/>
	Freehand <input type="checkbox"/>	Fading <input type="checkbox"/>	Precision cutting <input type="checkbox"/>	Club cutting <input type="checkbox"/>	

Advice and recommendations:			Advice given
How to maintain their look	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Time interval between services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Products	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Services and costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Correct detangling techniques	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Equipment use	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Exfoliating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Health and safety practice:			
Worked safely and hygienically throughout the service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Assessor/Lecturer signature:	Date:
Learner signature:	Date:
Additional information (If required):	