

# Assessment Form

iUCO43 – Salon reception duties

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	
Deal with a variety of enquiries				
Communicate and behave in a professional manner				
Identify the nature of the enquiry				
Maintain appropriate levels of reception stationary				
Maintain a hygienic and tidy reception area				
Take messages for a variety of enquiries				
Schedule appointments to meet with salon policy and client requirements				

Criteria	Assessor's comments			
	Completed	Completed	Completed	
Confirm and record client appointment details				
Deal with confidential information to meet with salon and legal requirements				
Calculate service costs accurately				
Deal with payments for services and products to meet with salon policy and follow security procedures when handling payments				
Follow security procedures when handling payments				
Process different methods of payment				
Keep payments safe and secure				
MCQ Exam Completed				Pass/Merit/Distinction

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

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

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

**Lecturer/Assessor 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	07/03/2025	First published	Development Administrator