Qualification Specification

ProQual Level 3 Certificate in Piercing Services

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This qualification is part of ProQual's broad offer of qualifications in the Hair and Beauty Sector.

To find out more about other qualifications in this, or any other sector, or for our latest fees; check our Fees Schedule via the QR code below:

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Contents

Introduction

The ProQual Level 3 Certificate on Piercing Services provides a nationally recognised qualification for those working in the beauty and aesthetics industry, and who wish to develop and demonstrate their competence at providing a range of piercing services. It would also be suitable for those who are not currently working in the sector, but who wish to learn how to provide face and body piercing services.

The aims of this qualification are:

- To allow candidates to develop and demonstrate their knowledge of piercing services.
- To provide a way for those already working in the beauty and aesthetics industry to demonstrate their competence at providing piercing services.
- To provide a route for career progression within the industry.

The awarding body for this qualification is ProQual AB. This qualification has been approved for delivery in England. The regulatory body for this qualification is Ofqual, and this qualification has been accredited onto the Regulated Qualification Framework (RQF), and has been published in Ofqual's Register of Qualifications.

Qualification Profile

Qualification Title:	ProQual Level 3 Certificate in Piercing Services
Qualification Number:	610/4857/4
Level:	3
Total Qualification Time (TQT):	275 Hours 27 Credits
Guided Learning Hours (GLH):	215 Hours
Assessment:	Pass/Fail
	Internally assessed and verified by centre staff
	Externally verified by ProQual external verifiers
Qualification Start Date:	06/01/2025
Qualification Review Date:	01/08/2025
Next Review Due:	01/08/2028

Learner Profile

There are no formal entry requirements for this qualification. Centres should carry out their own assessment of candidate knowledge and skills to identify any gaps and inform the assessment plan.

Candidates for this qualification must be **at least 18 years old** on the day that they are registered for this qualification. Centres are reminded that no assessment activity should take place until a candidate has been registered.

Candidates must be employed in a role, or enrolled on a training course that will allow them carry out a range of piercing services on a number of real or simulated clients.

Candidates who complete this qualification may progress on to other qualifications within the ProQual hair and beauty suite, such as:

- ProQual Level 3 Diploma in Beauty Therapy
- ProQual Level 3 Diploma in Pathway to Aesthetic Practice
- ProQual Level 4 Diploma in Salon Management

Qualification Structure

This qualification consists of **three** mandatory unit/units. Candidates must complete all mandatory units to complete this qualification. Candidates must then also complete **three** optional units.

Unit Number	Unit Title	Level	TQT	GLH
Mandatory Units – Candidates must complete **all** units in this group.				
J/651/2395	Health and Safety in a Salon Environment	2	10	10
L/651/2397	Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments	2	25	20
K/651/2421	Carrying Out Client Consultation as a Beauty Professional	2	30	20
Optional Units – Candidates must complete **three** units in this group.				
M/651/3757	Principles and Practice of Ear Piercing Services	3	70	55
R/651/3758	Principles and Practice of Nasal Piercing Services	3	70	55
T/651/3759	Principles and Practice of Oral Piercing Services	3	70	55
D/651/3760	Principles and Practice of Body Piercing Services	3	70	55

Centre Requirements

Centres must be approved to deliver this qualification. If your centre is not approved to deliver this qualification, please complete and submit the **ProQual Additional Qualification Approval Form.**

Materials produced by centres to support candidates should:

- Enable them to track their achievements as they progress through the learning outcomes and assessment criteria.
- Provide information on where ProQual's policies and procedures can be viewed.
- Provide a means of enabling Internal and External Quality Assurance staff to authenticate evidence.

Centres must have the appropriate equipment to enable candidates to carry out the practical requirements of this qualification.

Certification

Candidates who achieve the requirements for this qualification will be awarded:

- A certificate listing all units achieved, and
- A certificate giving the full qualification title:

ProQual Level 3 Certificate in Piercing Services

Claiming certificates

Centres may claim certificates for candidates who have been registered with ProQual and who have successfully achieved the qualification. All certificates will be issued to the centre for successful candidates.

Unit certificates

If a candidate does not achieve all of the units required for a qualification, the centre may claim a unit certificate for the candidate which will list all of the units achieved.

Replacement certificates

If a replacement certificate is required a request must be made to ProQual in writing. Replacement certificates are labelled as such and are only provided when the claim has been authenticated. Refer to the Fee Schedule for details of charges for replacement.

Assessment Requirements

Each candidate is required to produce a portfolio of evidence which demonstrates their achievement of all of the learning outcomes and assessment criteria for each unit.

Evidence can include:

- Observation report by assessor.
- Assignments/projects/reports.
- Professional discussion.
- Witness testimony.
- Candidate product.
- Worksheets.
- Record of oral and written questioning.
- Recognition of Prior Learning.

Candidates must demonstrate the level of competence described in the units. Assessment is the process of measuring a candidate's skill, knowledge and understanding against the standards set in the qualification.

Centre staff assessing this qualification must be **occupationally competent** and qualified to make assessment decisions. Assessors who are suitably qualified may hold a qualification such as, but not limited to:

- ProQual Level 3 Certificate in Teaching, Training and Assessment.
- ProQual Level 3 Award in Education and Training.
- ProQual Level 3 Award in Assessing Competence in the Work Environment. *(Suitable for assessment taking place in a working salon only.)*
- ProQual Level 3 Award in Assessing Vocational Achievement. *(Suitable for assessment taking place in a simulated training environment only.)*

Candidate portfolios must be internally verified by centre staff who are **occupationally knowledgeable** and qualified to make quality assurance decisions. Internal verifiers who are suitably qualified may hold a qualification such as:

- ProQual Level 4 Award in the Internal QA of Assessment Processes and Practice.
- ProQual Level 4 Certificate in Leading the Internal QA of Assessment Processes and Practice.

Occupationally competent means capable of carrying out the full requirements contained within a unit. **Occupationally knowledgeable** means possessing relevant knowledge and understanding.

Enquiries, Appeals and Adjustments

Adjustments to standard assessment arrangements are made on the individual needs of candidates. ProQual's Reasonable Adjustments Policy and Special Consideration Policy sets out the steps to follow when implementing reasonable adjustments and special considerations and the service that ProQual provides for some of these arrangements.

Centres should contact ProQual for further information or queries about the contents of the policy.

All enquiries relating to assessment or other decisions should be dealt with by centres, with reference to ProQual's Enquiries and Appeals Procedures.

Units – Learning Outcomes and Assessment Criteria

Title:	Health and Safety in a Salon Environment			Level:	2
Unit Number:	J/651/2395	TQT:	10	GLH:	10

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Prepare salon areas for treatment.	1.1	Identify common hazards and risks in a salon environment.
		1.2	State the health and safety requirements for practitioners carrying out beauty treatments, including but not limited to: • Health and Safety at Work Act. • The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). • Manual Handling Operations Regulations. • Control of Substances Hazardous to Health Regulations (COSHH).
		1.3	Describe how to clean, disinfect and sterilise different types of tools and equipment.
		1.4	Explain the difference between sterilisation and disinfection.
		1.5	Explain why it is important to follow salon procedures and any given instructions when setting up tools and equipment for a given treatment.
		1.6	Describe the required environmental conditions for a given treatment, including: • Lighting. • Heating. • Ventilation. • General Comfort.

1	*Continued*	1.7	Explain why it is important that the above environmental conditions are provided.
		1.8	Explain why it is important to maintain personal hygiene, protection and appearance according to accepted industry and organisational standards.
		1.9	Explain the reasons and importance of keeping records of treatments.
2	Maintain salon treatment areas.	2.1	Explain how to safely dispose of waste materials and products from beauty treatments.
		2.2	Explain the requirements for re-stocking products and other items.
		2.3	Describe own responsibilities in relation to the storage of: • Equipment. • Products. • Client Records.
		2.4	Describe how the work area should be left after a treatment.
		2.5	Explain why it is important to leave the work area in the condition described above.

Additional Assessment Information

This unit is **knowledge based.** This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Centres may use the appropriate ProQual Candidate Workbook, or their own, centre devised, assignments.

This unit is a **common unit.** Centres should be aware that candidates may have completed this unit as part of another ProQual Hair and Beauty qualification and may be eligible for recognition of prior learning.

Title:	Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments			**Level:**	2
Unit Number:	L/651/2397	**TQT:**	25	**GLH:**	20

Learning Outcomes *The learner will be able to:*		**Assessment Criteria** *The learner can:*	
1	Understand non-infectious and infectious hazards that are associated with cosmetic, aesthetic and needle treatments.	1.1	Describe the cell structure and key features of: • Bacteria. • Fungi. • Viruses.
		1.2	Describe the ideal conditions for the growth of micro-organisms.
		1.3	Define the term "pathogen".
		1.4	List **five** common illness caused by: • Bacteria. • Fungi. • Viruses.
		1.5	Define the term "parasite".
		1.6	Explain the difference between an endoparasite and an ectoparasite.
		1.7	Identify **three** common ectoparasites that colonise humans.
		1.8	Explain the difference between infection and colonisation.
		1.9	Describe what is meant by: • Localised infection. • Systemic infection.
		1.10	Describe what is meant by: • Direct transmission. • Indirect transmission. • Vector transmission.

1	*Continued*	1.11	Describe how, within the salon environment, an infective agent could: • Enter the body. • Be transmitted from person to person.
		1.12	Identify common non-infectious hazards that might arise as part of cosmetic, aesthetic or needle treatments.
		1.13	Explain how an injury to the skin can be a risk to an individual.
		1.14	Identify treatments within the salon that would require the use of infection control procedures.
2	Understand how to control non-infectious and infectious risk.	2.1	Explain the roles and responsibilities of the employer and employee in the prevention and control of infection.
		2.2	Explain how the skin acts as a defence against infection.
		2.3	Describe the procedures that would be followed, in relation to infection prevention and control, for: • Consultation. • Aftercare. • Hand hygiene. • Environment management. • Equipment management. • Cleaning, disinfecting and sterilisation. • Personal protective equipment. • Management of body fluids. • Needle stick injuries. • Waste disposal and collection. • Management of occupational exposure.

Additional Assessment Information

This unit is **knowledge based.** This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Centres may use the ProQual Level 2 Award in Infection Control and Prevention in Aesthetic Practice Candidate Workbook, or their own, centre devised, assignments.

This unit is a **common unit.** Centres should be aware that candidates may have completed this unit as part of another ProQual Hair and Beauty qualification and may be eligible for recognition of prior learning.

Title:	Carrying Out Client Consultation as a Beauty Professional			Level:	2
Unit Number:	K/651/2421	TQT:	30	GLH:	20

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand how to carry out a client consultation as a beauty professional.	1.1	Explain the importance of taking account of: • The client's declared medical history and current medical status. • The client's service history. • The client's service requirements. • The client's concerns, expectations and desired outcome. • The client's physical and psychological wellbeing. • Any contra-indications.
		1.2	Explain why it is important to work with competent professionals to support effective and safe working practice.
		1.3	Explain what is meant by the terms: • Relative contra-indications. • Absolute contra-indications.
		1.4	Identify common relative and absolute contra-indications for common beauty services.
		1.5	Describe the visible symptoms of common contra-indications for beauty services.
		1.6	Explain the importance of referring contraindications and medical conditions to an appropriate professional.
		1.7	Explain why common medical conditions may contraindicate common beauty services.

1	*Continued*	1.8	Explain the importance of communicating with the client: • In a professional manner. • Within the limits of your own competencies.
		1.9	Describe the impact of social influences, the media and current trends on the consultation process.
		1.10	Explain why it is important to assess, discuss, agree, review and document the consultation outcomes.
		1.11	Explain the importance of clearly explaining the service process, expected outcomes and associated risks.
		1.12	Describe the benefits of using visual aids during consultation.
		1.13	Explain how to manage a client's expectations.
		1.14	Identify beauty services that may be prohibited or restricted for minors.
		1.15	Identify beauty services that require a test to be carried out before they are supplied.
		1.16	Explain the importance of carrying out pre-treatment tests.
		1.17	Describe the legislative requirements for gaining, recording, storing, protecting and retaining any client data.
		1.18	Describe the legislative and regulatory requirements for taking and storing visual media of the client's treatment area.

1	*Continued*	1.19	Explain the client's rights, in relation to beauty services, including: • Reflection time. • Informed consent. • Financial/contractual agreement. • The right to request the subject specific qualifications, training and indemnity insurance.
		1.20	Explain the importance of providing instructions and advice both pre and post the service.
2	Carry out a client consultation as a beauty professional.	2.1	Carry out a consultation, taking account of: • The client's declared medical history and current medical status. • The client's service history. • The client's service requirements. • The client's concerns, expectations and desired outcome. • The client's physical and psychological wellbeing. • Any contra-indications.
		2.2	Recognise, respond and sign-post appropriately in response to any disclosed conditions or contra-indications.
		2.3	Explain the fee structure.
		2.4	Provide the client with pre-treatment instructions and recommendations.
		2.5	Explain any associated risks to the client.
		2.6	Agree and document the consultation and expected service outcomes.
		2.7	Discuss any physical sensation that may occur during the service.
		2.8	Agree the service plan and obtain the client's informed consent for the treatment.

Additional Assessment Information

Learning Outcome 1 is **knowledge based.** This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based.** This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least four times** before it is awarded.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:	Principles and Practice of Ear Piercing Services			Level:	3
Unit Number:	M/651/3757	TQT:	70	GLH:	55

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand how to prepare for and provide ear piercing services.	1.1	Describe the basic structure of the ear, including: • The Pinna. • Lobe. • Cartilage. • Cartilaginous tissue.
		1.2	Identify contra-indications for an ear piercing service, including if a given contra-indication would require: • Modifying the service. • Abandoning the service. • Referring to a medical professional.
		1.3	Explain why it is important to recognise and refer suspicious skin irregularities and lesions.
		1.4	Describe the purpose, use and limitations of ear piercing services, in relation to: • Past and current medical history. • Prior ear piercing services. • Relevant lifestyle factors. • Medication. • Client's expectations.
		1.5	Explain why it is important to discuss the following with the client, prior to the service taking place: • Physical sensation of the service. • Expected healing process and duration. • Associated risks. • Client's concerns, objectives and expectations. • Service duration and associated fees.
		1.6	Explain how and why to carry out an ear analysis.

1	*Continued*	1.7	Describe the different size and types of earrings available.
		1.8	Describe the equipment, materials and products, including: • Ear piercing instruments. • Sterile non-toxic skin marker pen. • Sterile ear studs. • Mirror. • Consumables.
		1.9	Describe how to prepare and check the equipment in accordance with the manufacturer's instructions.
		1.10	Describe how to load earrings aseptically into the ear piercing equipment.
		1.11	Explain the techniques used to carry out an ear piercing, including but not limited to: • How to position yourself and the client. • How to manually support the ear during the piercing service.
		1.12	Describe the possible adverse effects of: • Premature removal of the equipment immediately post the ear piercing service. • Premature removal of the earring during the healing process.
		1.13	Explain why the studs should be rotated during the healing process, including how often this should be carried out.
		1.14	Explain how healing processes and durations differ with each skin classification.
		1.15	Describe how keloid scarring occurs.
		1.16	Identify the signs and symptoms of the following adverse reactions: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.

1	*Continued*	1.17	Explain how an ear piercing service can cause, and how to avoid, the following adverse reactions: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.
		1.18	Describe how to respond the following adverse reactions, should they occur: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.
2	Provide ear piercing services.	2.1	Carry out a concise and comprehensive consultation with the client, including: • Past and current medical history. • Prior ear piercing services. • Client's concerns, objectives and expectations. • Physical sensation of the service. • Associated risks. • Associated fees and timescales. • The ear piercing to be used.
		2.2	Confirm and agree with the client that they have understood the proposed ear piercing service and obtain their written informed consent.
		2.3	Prepare the treatment area for the ear piercing service.
		2.4	Carry out an ear lobe and cartilage analysis, including: • Skin classification. • Skin condition. • Sufficient surface area. • Existing scar tissue. • Raised imperfections. • Prominent veins.

2	*Continued*	2.5	Mark the ear using a sterile marking tool and confirm the placement with the client.
		2.6	Prepare the equipment to be used for the service, including loading the piercing aseptically.
		2.7	Carry out the ear piercing on the individual's treatment area in accordance with the ear piercing service protocol, including **at least two** piercings on: • The ear lobes. • The upper flat cartilage area of the ear.
		2.8	Check the piercing has adequate spacing between the ear and butterfly.
		2.9	Use a post treatment sterile solution to remove any traces of marking in accordance with the ear piercing service protocol.
		2.10	Follow health and safety requirements throughout the procedure, including: • Monitoring the client's health, wellbeing and skin reaction throughout the procedure. • Implement the correct course of action in the event of an adverse reaction. • Disposing of waste correctly.
		2.11	Conclude the service, including: • Confirming with the client that they are happy with the outcome. • Completing and storing the client's treatment record in accordance with legislative and organisational requirements. • Providing appropriate post-service advice and guidance to the client.
		2.12	Carry out an evaluation of the service provided, including: • Areas of own strength. • Areas of own weakness. • Plans for improving identified areas of weakness.

Additional Assessment Information

Learning Outcome 1 is **knowledge based.** This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based.** This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
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- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least four times, consisting of two ear lobe and two cartilage piercings** before it is awarded. Cartilage piercings must be completed using a needle **only,** consisting of at least one ball closure (BCR) and at least one Barbell (BB) form of jewellery. Live models must be **at least 16 years old.**

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:	Principles and Practice of Nasal Piercing Services			Level:	3
Unit Number:	R/651/3758	TQT:	70	GLH:	55

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand how to prepare for and provide nasal piercing services.	1.1	Describe the basic structure of the nose, including: • Nostril. • Nasal Septum. • Tip.
		1.2	Identify contra-indications for a nasal piercing service, including if a given contra-indication would require: • Modifying the service. • Abandoning the service. • Referring to a medical professional.
		1.3	Explain why it is important to recognise and refer suspicious skin irregularities and lesions.
		1.4	Describe the purpose, use and limitations of nasal piercing services, in relation to: • Past and current medical history. • Prior nose piercing services. • Relevant lifestyle factors. • Medication. • Client's expectations.
		1.5	Explain why it is important to discuss the following with the client, prior to the service taking place: • Physical sensation of the service. • Expected healing process and duration. • Associated risks. • Client's concerns, objectives and expectations. • Service duration and associated fees.
		1.6	Explain how and why to carry out an internal and external nostril analysis.

1	*Continued*	1.7	Describe the different size and types of nasal piercings available.
		1.8	Describe the equipment, materials and products, including: • Nose piercing instruments. • Sterile non-toxic skin marker pen. • Sterile nose studs. • Mirror. • Consumables.
		1.9	Describe how to prepare and check the equipment in accordance with the manufacturer's instructions.
		1.10	Describe how to load piercings aseptically into the piercing equipment.
		1.11	Explain the techniques used to carry out a nasal piercing, including but not limited to: • How to position yourself and the client. • How to manually support the nose during the piercing service.
		1.12	Describe the possible adverse effects of: • Premature removal of the equipment immediately post the nasal piercing service. • Premature removal of the piercing during the healing process.
		1.13	Explain why the studs should be rotated during the healing process, including how often this should be carried out.
		1.14	Explain how healing processes and durations differ with each skin classification.
		1.15	Describe how keloid scarring occurs.
		1.16	Identify the signs and symptoms of the following adverse reactions: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.

1	*Continued*	1.17	Explain how a nasal piercing service can cause, and how to avoid, the following adverse reactions: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.
		1.18	Describe how to respond the following adverse reactions, should they occur: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.
2	Provide nasal piercing services.	2.1	Carry out a concise and comprehensive consultation with the client, including: • Past and current medical history. • Prior nasal piercing services. • Client's concerns, objectives and expectations. • Physical sensation of the service. • Associated risks. • Associated fees and timescales. • The nose piercing to be used.
		2.2	Confirm and agree with the client that they have understood the proposed nasal piercing service and obtain their written informed consent.
		2.3	Prepare the treatment area for the nasal piercing service.
		2.4	Carry out an internal and external analysis, including: • Skin classification. • Skin condition. • Sufficient surface area. • Existing scar tissue. • Raised imperfections. • Prominent veins.

2	*Continued*	2.5	Mark the nose using a sterile marking tool and confirm the placement with the client.
		2.6	Prepare the equipment to be used for the service, including loading the piercing aseptically.
		2.7	Carry out the nasal piercing on the individual's treatment area in accordance with the nose piercing service protocol.
		2.8	Check the nostril internally to see the nose piercing has pierced fully.
		2.9	Use a post treatment sterile solution to remove any traces of marking in accordance with the nose piercing service protocol.
		2.10	Follow health and safety requirements throughout the procedure, including: • Monitoring the client's health, wellbeing and skin reaction throughout the procedure. • Implement the correct course of action in the event of an adverse reaction. • Disposing of waste correctly.
		2.11	Conclude the service, including: • Confirming with the client that they are happy with the outcome. • Completing and storing the client's treatment record in accordance with legislative and organisational requirements. • Providing appropriate post-service advice and guidance to the client.
		2.12	Carry out an evaluation of the service provided, including: • Areas of own strength. • Areas of own weakness. • Plans for improving identified areas of weakness.

Additional Assessment Information

Learning Outcome 1 is **knowledge based.** This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based.** This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
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- Expert witness testimony.
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- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least four times,** before it is awarded. Nasal piercings must be completed using a needle **only,** consisting of at least one ball closure (BCR) and at least one barbell (BB) form of jewellery. Live models must be **at least 16 years old.**

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:	Principles and Practice of Oral Piercing Services			Level:	3
Unit Number:	T/651/3759	TQT:	70	GLH:	55

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand how to prepare for and provide oral piercing services.	1.1	Describe the basic structure of the mouth.
		1.2	Identify contra-indications for an oral piercing service, including if a given contra-indication would require: • Modifying the service. • Abandoning the service. • Referring to a medical professional.
		1.3	Explain why it is important to recognise and refer suspicious skin irregularities and lesions.
		1.4	Describe the purpose, use and limitations of oral piercing services, in relation to: • Past and current medical history. • Prior piercing services. • Relevant lifestyle factors. • Medication. • Client's expectations.
		1.5	Explain why it is important to discuss the following with the client, prior to the service taking place: • Physical sensation of the service. • Expected healing process and duration. • Associated risks. • Client's concerns, objectives and expectations. • Service duration and associated fees.
		1.6	Explain how and why to carry out an analysis of the treatment area.
		1.7	Describe the different size and types of oral piercings available.

1	*Continued*	1.8	Describe the equipment, materials and products, including: • Piercing instruments. • Sterile non-toxic skin marker pen. • Sterile studs. • Mirror. • Consumables.
		1.9	Describe how to prepare and check the equipment in accordance with the manufacturer's instructions.
		1.10	Describe how to load piercings aseptically into the piercing equipment.
		1.11	Explain the techniques used to carry out an oral piercing.
		1.12	Describe the possible adverse effects of: • Premature removal of the equipment immediately post the oral piercing service. • Premature removal of the piercing during the healing process.
		1.13	Explain why the studs should be rotated during the healing process, including how often this should be carried out.
		1.14	Explain how healing processes and durations differ with each skin classification.
		1.15	Describe how keloid scarring occurs.
		1.16	Identify the signs and symptoms of the following adverse reactions: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.

1	*Continued*	1.17	Explain how an oral piercing service can cause, and how to avoid, the following adverse reactions: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.
		1.18	Describe how to respond the following adverse reactions, should they occur: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.
2	Provide oral piercing services.	2.1	Carry out a concise and comprehensive consultation with the client, including: • Past and current medical history. • Prior oral piercing services. • Client's concerns, objectives and expectations. • Physical sensation of the service. • Associated risks. • Associated fees and timescales. • The mouth piercing to be used.
		2.2	Confirm and agree with the client that they have understood the proposed oral piercing service and obtain their written informed consent.
		2.3	Prepare the treatment area for the oral piercing service.
		2.4	Carry out an analysis of the treatment area, including: • Skin classification. • Skin condition. • Sufficient surface area. • Existing scar tissue. • Raised imperfections. • Prominent veins.

2	*Continued*	2.5	Mark the treatment area using a sterile marking tool and confirm the placement with the client.
		2.6	Prepare the equipment to be used for the service, including loading the piercing aseptically.
		2.7	Carry out the oral piercing on the individual's treatment area in accordance with the oral piercing service protocol.
		2.8	Use a post treatment sterile solution to remove any traces of marking in accordance with the oral piercing service protocol.
		2.10	Follow health and safety requirements throughout the procedure, including: • Monitoring the client's health, wellbeing and skin reaction throughout the procedure. • Implement the correct course of action in the event of an adverse reaction. • Disposing of waste correctly.
		2.11	Conclude the service, including: • Confirming with the client that they are happy with the outcome. • Completing and storing the client's treatment record in accordance with legislative and organisational requirements. • Providing appropriate post-service advice and guidance to the client.
		2.12	Carry out an evaluation of the service provided, including: • Areas of own strength. • Areas of own weakness. • Plans for improving identified areas of weakness.

Additional Assessment Information

Learning Outcome 1 is **knowledge based.** This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based.** This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An **assessor's report** is completed by a qualified assessor who observes the candidate carrying out practical work. The assessor will make assessment decisions as they observe and record these in the report, alongside a commentary of what they observe.
- A **witness statement** is completed by a suitably qualified or experienced expert who observes the candidate carrying out practical work. The witness statement will contain **only** a commentary of what has been observed. An assessor must then use the witness statement, alongside any additional evidence to make assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least four times,** before it is awarded. Oral piercings must be completed using a needle **only,** consisting of at least one ball closure (BCR) and at least one barbell (BB) form of jewellery. Live models must be **at least 16 years old.**

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Title:	Principles and Practice of Body Piercing Services			Level:	3
Unit Number:	D/651/3760	TQT:	70	GLH:	55

Learning Outcomes *The learner will be able to:*		Assessment Criteria *The learner can:*	
1	Understand how to prepare for and provide a body piercing service.	1.1	Identify contra-indications for a body piercing service, including if a given contra-indication would require: • Modifying the service. • Abandoning the service. • Referring to a medical professional.
		1.2	Explain why it is important to recognise and refer suspicious skin irregularities and lesions.
		1.3	Describe the purpose, use and limitations of body piercing services, in relation to: • Past and current medical history. • Prior piercing services. • Relevant lifestyle factors. • Medication. • Client's expectations.
		1.4	Explain why it is important to discuss the following with the client, prior to the service taking place: • Physical sensation of the service. • Expected healing process and duration. • Associated risks. • Client's concerns, objectives and expectations. • Service duration and associated fees.
		1.5	Explain how and why to carry out an analysis of the treatment area.

1	*Continued*	1.6	Describe the different size and types of body piercings available.
		1.7	Describe the equipment, materials and products, including: • Piercing instruments. • Sterile non-toxic skin marker pen. • Sterile studs. • Mirror. • Consumables.
		1.8	Describe how to prepare and check the equipment in accordance with the manufacturer's instructions.
		1.9	Describe how to load piercings aseptically into the piercing equipment.
		1.10	Explain the techniques used to carry out a body piercing, including but not limited to: • How to position yourself and the client. • How to manually support the body during the piercing service.
		1.11	Describe the possible adverse effects of: • Premature removal of the equipment immediately post the body piercing service. • Premature removal of the piercing during the healing process.
		1.12	Explain why the studs should be rotated during the healing process, including how often this should be carried out.
		1.13	Explain how healing processes and durations differ with each skin classification.
		1.14	Describe how keloid scarring occurs.
		1.15	Identify the signs and symptoms of the following adverse reactions: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.

1	*Continued*	1.16	Explain how a body piercing service can cause, and how to avoid, the following adverse reactions: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.
		1.17	Describe how to respond the following adverse reactions, should they occur: • Bleeding. • Bruising. • Hyperaemia. • Excessive Oedema. • Allergy.
2	Provide body piercing services.	2.1	Carry out a concise and comprehensive consultation with the client, including: • Past and current medical history. • Prior body piercing services. • Client's concerns, objectives and expectations. • Physical sensation of the service. • Associated risks. • Associated fees and timescales. • The treatment area piercing to be used.
		2.2	Confirm and agree with the client that they have understood the proposed body piercing service and obtain their written informed consent.
		2.3	Prepare the treatment area for the body piercing service.
		2.4	Carry out an analysis of the treatment area, including: • Skin classification. • Skin condition. • Sufficient surface area. • Existing scar tissue. • Raised imperfections. • Prominent veins.

2	*Continued*	2.5	Mark the treatment area using a sterile marking tool and confirm the placement with the client.
		2.6	Prepare the equipment to be used for the service, including loading the piercing aseptically.
		2.7	Carry out the body piercing on the individual's treatment area in accordance with the body piercing service protocol.
		2.8	Use a post treatment sterile solution to remove any traces of marking in accordance with the body piercing service protocol.
		2.9	Follow health and safety requirements throughout the procedure, including: • Monitoring the client's health, wellbeing and skin reaction throughout the procedure. • Implement the correct course of action in the event of an adverse reaction. • Disposing of waste correctly.
		2.10	Conclude the service, including: • Confirming with the client that they are happy with the outcome. • Completing and storing the client's treatment record in accordance with legislative and organisational requirements. • Providing appropriate post-service advice and guidance to the client.
		2.11	Carry out an evaluation of the service provided, including: • Areas of own strength. • Areas of own weakness. • Plans for improving identified areas of weakness.

Additional Assessment Information

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Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not,** in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates.

It is expected that competence of each assessment criteria will be observed **at least six times,** before it is awarded. Body piercings must be completed using a needle **only.** A minimum of two treatments must be Navel piercings, and a minimum of two must be Nipple piercings. Jewellery must consist of at least one ball closure (BCR) and at least one barbell (BB) form of jewellery. Live models must be **at least 16 years old** for Navel piercings, and **at least 18** years old for other body piercing types.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.

Appendix One – Command Verb Definitions

The table below explains what is expected from each **command verb** used in an assessment objective. Not all verbs are used in this specification

Apply	Use existing knowledge or skills in a new or different context.
Analyse	Break a larger subject into smaller parts, examine them in detail and show how these parts are related to each other. This may be supported by reference to current research or theories.
Classify	Organise information according to specific criteria.
Compare	Examine subjects in detail, giving the similarities and differences.
Critically Compare	As with compare, but extended to include pros and cons of the subject. There may or may not be a conclusion or recommendation as appropriate.
Describe	Provide detailed, factual information about a subject.
Discuss	Give a detailed account of a subject, including a range of contrasting views and opinions.
Explain	As with describe, but extended to include causation and reasoning.
Identify	Select or ascertain appropriate information and details from a broader range of information or data.
Interpret	Use information or data to clarify or explain something.
Produce	Make or create something.
State	Give short, factual information about something.
Specify	State a fact or requirement clearly and in precise detail.

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