



Qualification Specification

ProQual Level 3 Diploma in Beauty Therapy Services

ProQual Level 3 Diploma in Beauty Therapy Services



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:



Scan Here

Contents

Introduction.....	3
Qualification Profile	4
Learner Profile	5
Qualification Structure	6
Centre Requirements	7
Certification	8
Assessment Requirements.....	9
Enquiries, Appeals and Adjustments.....	10
Units – Learning Outcomes and Assessment Criteria.....	11
Health and Safety in a Salon Environment	11
Providing Advice and Instruction on Products and Services	14
Principles and Practice of Facial Electrical Treatments.....	18
Principles and Practice of Body Electrical Treatments	24
Principles and Practice of Self-Tanning Services	30
Principles and Practice of Intimate Waxing for Female Clients	35
Principles and Practice of Intimate Waxing for Male Clients	44
Principles and Practice of Semi-Permanent Eyelash Lifting.....	53
Principles and Practice of Brow Lamination Procedures.....	58
Principles and Practice of Threading Treatments	63
Appendix One – Command Verb Definitions	68

Introduction

The ProQual Level 3 Diploma in Beauty Therapy Services provides a nationally recognised qualification for those working in the beauty or spa therapy industries, and who wish to further develop their skills at providing a range of beauty therapy services. It would be suitable for candidates who want to progress into senior positions, or who would like to one day own their own business in the sector.

The aims of this qualification are:

- To allow candidates to develop and demonstrate their knowledge of a range of beauty therapy services.
- To allow candidates to develop and demonstrate their competence at providing a range of beauty therapy services.
- To provide a progression route within the industry, for those wishing to progress within the beauty or spa therapy industries.

Candidates who complete this qualification, and who wish to further progress into senior management or self-employment, may wish to subsequently complete the ProQual Level 4 Diploma in Salon Management.

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 Diploma in Beauty Therapy Services
Qualification Number:	610/4927/X
Level:	3
Total Qualification Time (TQT):	370 to 560 Hours (Depending on optional units) 37 to 56 Credits (Depending on optional units)
Guided Learning Hours (GLH):	295 to 435 Hours (Depending on optional units)
Assessment:	Pass/Fail
	Internally assessed and verified by centre staff
	Externally verified by ProQual verifiers
Qualification Start Date:	06/01/2025
Qualification Review Date:	01/08/2025
Next Review Due:	01/08/2028

Learner Profile

Candidates for this qualification should either:

- Hold a Level 2 qualification in beauty or massage services, such as the ProQual Level 2 Diploma for Beauty Therapists, ProQual Level 2 Award in Massage Services, or an equivalent qualification.

OR

- Have three years verifiable experience working in the beauty or spa therapy sector.

Candidates for this qualification should be employed in a role, or enrolled on a training course, that will allow them to carry out a range of beauty therapy services on a number of real or simulated clients. Simulated clients may be paid, volunteers, or other candidates.

Candidates for this qualification must be **at least 16 years old** on the day that they are registered for this qualification. Centres are reminded that no assessment activity should be undertaken until a candidate has been registered.

If the candidate selects the **Principles and Practice of Intimate Waxing for Female Clients** and/or **Principles and Practice of Intimate Waxing for Male Clients** optional units, then the candidate and live model must be **at least 18 years old**.

Candidates who complete this qualification may go on to complete other advanced qualifications in ProQual's Hair and Beauty Suite, such as the ProQual Level 4 Diploma in Salon Management.

Qualification Structure

This qualification consists of **two** mandatory units. Candidates must complete both mandatory units to complete this qualification.

Candidates must also complete **at least four** optional units to be awarded this qualification.

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
F/651/3761	Providing Advice and Instruction on Products and Services	3	50	45
Optional Units – Candidates must complete at least four units from this group.				
R/651/3875	Principles and Practice of Facial Electrical Treatments	3	150	100
T/651/3876	Principles and Practice of Body Electrical Treatments	3	150	100
H/651/3870	Principles and Practice of Self-Tanning Services	2	80	70
Y/651/3641	Principles and Practice of Intimate Waxing for Female Clients	3	70	50
A/651/3642	Principles and Practice of Intimate Waxing for Male Clients	3	70	50
Y/651/3877	Principles and Practice of Semi-Permanent Eyelash Lifting	3	100	90
A/651/3878	Principles and Practice of Brow Lamination Procedures	3	100	90
D/651/3879	Principles and Practice of Threading Treatments	3	90	80

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 Diploma in Beauty Therapy 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 <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
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.		
		1.7	Explain why it is important that the above environmental conditions are provided.		

1	<i>Continued</i>	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:		Providing Advice and Instruction on Products and Services		Level:	3
Unit Number:	F/651/3761	TQT:	50	GLH:	45
Learning Outcomes The learner will be able to:		Assessment Criteria The learner can:			
1	Understand how to provide advice and instruction on products and services.	1.1	Explain how to interpret the consultation and analysis outcomes in order to determine appropriate advice, products and services.		
		1.2	Explain why it is important to keep up to date with: • Emerging technologies. • Policies. • Procedures. • Best practice guidance.		
		1.3	Explain how to introduce additional products and services to clients.		
		1.4	Explain the factors that influence a client's use of additional products and services.		
		1.5	Describe how to use the following communication methods to provide balanced information about products and services: • Active listening. • Non-verbal and verbal communication. • Receiving feedback. • Asking questions.		
		1.6	Explain why it is important to encourage the client to ask questions about the products or services.		
		1.7	Explain why it is important to allow time for the client to reflect on the advice given.		
		1.8	Describe how to interpret a client's body language to gauge their interest in a product or service.		

1	<i>Continued</i>	1.9	Explain why it is important to offer a range of products and services at a range of price points.
		1.10	Explain how using additional products and services can benefit: • The business. • The client.
		1.11	Describe how to secure the client's commitment to using additional products and services.
		1.12	Explain when and why a referral to a relevant professional would be required.
		1.13	Explain why demonstrable and instructional techniques will help close a sale.
		1.14	Describe how to conclude a sale in accordance with organisational policies and procedures.
		1.15	Explain why it is important to update the client's service records with details of the additional product and service.
2	Provide advice and instruction to clients.	2.1	Investigate and establish the clients objectives, concerns and desired outcomes, including: • Lifestyle. • Budget. • Time.
		2.2	Obtain the client's consent for, and carry out, an analysis of the treatment area.
		2.3	Identify and describe appropriate products or services suitable for the client, including: • Benefits. • Application techniques. • Cost. • Duration. • Expected outcome of the product or service.
		2.4	Allow time for the client to reflect and encourage, and answer, questions from the client about the product or service.

2	Continued	2.5	Secure the client's agreement and understanding of the product or service, including using: • Skills demonstration. • Use of visual aids. • Verbal explanation. • Use of written instructions.
		2.6	Conclude the sale in accordance with organisational policies and update the client's procedure records.

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 five times** before it is awarded.

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

- All practical activities are carried out on live models.
- The simulated environment matches, as close as possible, the environment found in a working salon.

Title:		Principles and Practice of Facial Electrical Treatments		Level:	3
Unit Number:	R/651/3875	TQT:	150	GLH:	120
Learning Outcomes The learner will be able to:		Assessment Criteria The learner can:			
1	Understand how to prepare for and provide facial electrical treatments.	1.1	Explain how you would identify each of the following contra-indications, and the appropriate action to take if they are identified: • Contagious skin diseases. • Dysfunction of the nervous system. • Recent scar tissue. • Undiagnosed lumps and swellings. • Cancer treatment. • Uncontrolled diabetes. • Epilepsy. • High blood pressure. • Low blood pressure. • Micropigmentation. • History of thrombosis or embolism. • Botox. • Dermal fillers. • Metal pins and plates. • Medication. • Pregnancy. • Piercings. • Anxiety. • Cuts and abrasions. • Bruises. • Recent dermabrasion or chemical peel. • Recent IPL, Laser or Epilation. • Heart disease. • Pacemaker.		
		1.2	Explain how the following diverse needs can affect facial electrical treatments: • Culture. • Religion. • Age. • Disability. • Gender.		

1	Continued	1.3	Explain how to carry out and interpret pre-treatment tests.
		1.4	Explain how to assess facial muscle tone, skin type and condition.
		1.5	Explain how facial electrical treatments should be adapted to suit different skin types, skin conditions and treatment objectives.
		1.6	Explain the use of the following tools and equipment: • Direct high frequency. • Galvanic. • Microcurrent. • Microdermabrasion.
		1.7	Explain how facial electrical treatments can be used to deliver the following treatment objectives: • Improved skin condition. • Improved contour and muscle condition. • Improved skin texture. • Improved lymphatic drainage.
		1.8	Explain why it is important to explain the treatment process, equipment sensation and noise to the client.
		1.9	Describe the type of electrical currents produced by the equipment being used and their effects on the face.
		1.10	Describe the techniques used to carry out milia extraction that cause minimal damage to the skin.
		1.11	Describe the types of treatments that could be given in conjunction with, or after, facial electrical treatments.
		1.12	Describe the risks associated with facial electrical equipment and how to mitigate them.
		1.13	Explain how aging affects the skin and limits the effectiveness of electrical treatments.

1	Continued	1.14	Explain the advice and guidance that should be given to clients following facial electrical treatments.
		1.15	Describe the signs and symptoms of the following adverse reactions: • Galvanic burn. • Irritation. • Allergic reaction. • Excessive erythema. • Hyperpigmentation. • Hypopigmentation.
		1.16	Explain how facial electrical treatments can cause the following adverse reactions and how to avoid them: • Galvanic burn. • Irritation. • Allergic reaction. • Excessive erythema. • Hyperpigmentation. • Hypopigmentation.
		1.17	Describe the action that should be taken should any of the following adverse reactions occur: • Galvanic burn. • Irritation. • Allergic reaction. • Excessive erythema. • Hyperpigmentation. • Hypopigmentation.
2	Carry out facial electrical treatments.	2.1	Carry out a concise and comprehensive consultation, including: • Using a range of consultation techniques. • Client's objectives and desired outcomes. • Identification of contra-indications. • Associated risks, including adverse reactions. • Associated fees and timescales. • Identification of skin type. • Identification of skin condition.

2	Continued	2.2	Carry out pre-treatment tests to determine suitability for treatment.
		2.3	Agree the treatment and outcomes with the client, including obtaining signed informed consent for the treatment.
		2.4	Select tools, equipment and products appropriate for the treatment objectives, skin type and skin condition, including: • Direct high frequency. • Galvanic. • Microcurrent. • Microdermabrasion.
		2.5	Carry out the facial electrical treatment, including: • Explaining the sensation and noise created by the equipment. • Explain the treatment procedure to the client at each stage of the process. • Use and adapt equipment, tools and treatment duration to suit the client's skin type, skin condition and treatment objectives. • Carry out milia extraction minimising discomfort and skin damage.
		2.6	Maintain responsibilities for health and safety throughout the treatment, including: • Monitoring the client's health and wellbeing throughout. • Working in a way to avoid adverse reactions. • Taking the appropriate action if any adverse reactions or discomfort occur.
		2.7	Conclude the treatment, including: • Confirming the client is happy with the outcome. • Completing and storing the client's records in accordance with legislative and organisational requirements. • Providing appropriate post-service advice and guidance to the client.

2	<i>Continued</i>	2.8	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Action to be taken to implement improvements.
---	------------------	-----	--

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:

- All practical activities are carried out on live models.
- The simulated environment matches, as close as possible, the environment found in a working salon.

Title:		Principles and Practice of Body Electrical Treatments		Level:	3
Unit Number:	T/651/3876	TQT:	150	GLH:	120
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to prepare for and provide body electrical treatments.	1.1	Explain how you would identify each of the following contra-indications, and the appropriate action to take if they are identified: • Contagious skin diseases. • Dysfunction of the nervous system. • Recent scar tissue. • Undiagnosed lumps and swellings. • Cancer treatment. • Uncontrolled diabetes. • Epilepsy. • High blood pressure. • Low blood pressure. • Micropigmentation. • History of thrombosis or embolism. • Metal pins and plates. • Medication. • Pregnancy. • Piercings. • Anxiety. • Cuts and abrasions. • Bruises. • Recent IPL, Laser or Epilation. • Heart disease. • Pacemaker.		
		1.2	Explain how the following diverse needs can affect body electrical treatments: • Culture. • Religion. • Age. • Disability. • Gender.		
		1.3	Explain how to carry out and interpret pre-treatment tests.		

1	Continued	1.4	Explain how to assess the following characteristics: • Muscle tone. • Skin type. • Skin condition. • Posture. • Fluid retention. • Body fat.
		1.5	Describe the characteristics of the following body types and conditions: • Endomorph. • Mesomorph. • Ectomorph. • Cellulite. • Poor muscle tone. • Sluggish circulation.
		1.6	Explain how body electrical treatments should be adapted to suit different body types, body conditions and treatment objectives.
		1.7	Explain to use the following tools and equipment: • Galvanic. • Electro muscle stimulator. • Microdermabrasion. • Lymphatic drainage equipment.
		1.8	Explain how body electrical treatments can be used to deliver the following treatment objectives: • Improved skin and body condition. • Improved contour and muscle condition. • Improved lymphatic drainage.
		1.9	Explain why it is important to explain the treatment process, equipment sensation and noise to the client.
		1.10	Describe the type of electrical currents produced by the equipment being used and their effects on the body.
		1.11	Describe the types of treatments that could be given in conjunction with, or after, body electrical treatments.

1	Continued	1.12	Describe the risks associated with body electrical equipment and how to mitigate them.
		1.13	Explain the advice and guidance that should be given to clients following body electrical treatments.
		1.14	Describe the signs and symptoms of the following adverse reactions: • Galvanic burn. • Bruising. • Irritation. • Allergic reaction. • Excessive erythema. • Muscle fatigue. • Hyperpigmentation. • Hypopigmentation.
		1.15	Explain how body electrical treatments can cause the following adverse reactions and how to avoid them: • Galvanic burn. • Bruising. • Irritation. • Allergic reaction. • Excessive erythema. • Muscle fatigue. • Hyperpigmentation. • Hypopigmentation.
		1.16	Describe the action that should be taken should any of the following adverse reactions occur: • Galvanic burn. • Bruising. • Irritation. • Allergic reaction. • Excessive erythema. • Muscle fatigue. • Hyperpigmentation. • Hypopigmentation.

2	Carry out body electrical treatments.	2.1	Carry out a concise and comprehensive consultation, including: • Using a range of consultation techniques. • Client's objectives and desired outcomes. • Identification of contra-indications. • Associated risks, including adverse reactions. • Associated fees and timescales. • Identification of body type. • Identification of body condition.
		2.2	Carry out pre-treatment tests to determine suitability for treatment.
		2.3	Agree the treatment and outcomes with the client, including obtaining signed informed consent for the treatment.
		2.4	Select tools, equipment and products appropriate for the treatment objectives, skin type and skin condition, including: • Galvanic. • Electro muscle stimulator. • Microdermabrasion. • Lymphatic drainage equipment.
		2.5	Carry out the body electrical treatment, including: • Explaining the sensation and noise created by the equipment. • Explain the treatment procedure to the client at each stage of the process. • Use and adapt equipment, tools and treatment duration to suit the client's skin type, skin condition and treatment objectives.
		2.6	Maintain responsibilities for health and safety throughout the treatment, including: • Monitoring the client's health and wellbeing throughout. • Working in a way to avoid adverse reactions. • Taking the appropriate action if any adverse reactions or discomfort occur.

2	Continued	2.7	Conclude the treatment, including: • Confirming the client is happy with the outcome. • Completing and storing the client's records in accordance with legislative and organisational requirements. • Providing appropriate post-service advice and guidance to the client.
		2.8	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Action to be taken to implement improvements.

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:

- All practical activities are carried out on live models.
- The simulated environment matches, as close as possible, the environment found in a working salon.

Title:		Principles and Practice of Self-Tanning Services		Level:	2
Unit Number:		H/651/3870	TQT:	80	GLH: 70
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand how to provide self-tanning services.	1.1	Identify the signs and symptoms of the following contra-indications:		
			• Severe asthma. • Contagious skin conditions. • Bronchial conditions. • Insulin dependent diabetes. • Pigmentation disorders. • Sunburn. • Psoriasis. • Eczema. • Cuts and abrasions.		
		1.2	Describe the appropriate action to take if any of the following contra-indications are identified:		
			• Severe asthma. • Contagious skin conditions. • Bronchial conditions. • Insulin dependent diabetes. • Pigmentation disorders. • Sunburn. • Psoriasis. • Eczema. • Cuts and abrasions.		
		1.3	Describe how to carry out a skin sensitivity test.		
		1.4	Explain why it is important to carry out a skin sensitivity test prior to a self-tanning service.		
		1.5	Explain how to match a product selection to the client's skin type and preference.		
		1.6	Describe how to prepare the client's skin for a self-tanning service.		
		1.7	Explain the reasons for exfoliating and moisturising the skin prior to a self-tanning service.		

1	Continued	1.8	Describe the use, maintenance and storage of the equipment used for a self-tanning service, including: • Spray gun. • Compressor. • Buffing mitt.
		1.9	Explain what is meant by PSI and why this is adjusted to suit the size of area and coverage required.
		1.10	Explain the potential risks of using pressurised equipment and how to mitigate them, including the importance of using equipment with a working pressure gauge.
		1.11	Describe common problems that can arise with spray tanning equipment and how to correct them.
		1.12	Describe how the following products are used in a self-tanning service: • Tanning creams. • Tanning gels. • Spray tan liquid. • Barrier cream. • Exfoliators. • Moisturisers.
		1.13	Explain the ingredients commonly found in the following products: • Tanning creams. • Tanning gels. • Spray tan liquid. • Barrier cream. • Exfoliators. • Moisturisers.
		1.14	Describe the effects of the following products on the skin: • Tanning creams. • Tanning gels. • Spray tan liquid. • Barrier cream. • Exfoliators. • Moisturisers.

1	Continued	1.15	Explain how different types of skin pigmentation disorders can affect the self-tan result.
		1.16	Explain how and when to use tanning enhancers.
		1.17	Explain how and when to use tanning correctors.
		1.18	Describe the advice that should be given the client following a self-tanning service.
		1.19	Identify the signs and symptoms of the following adverse effects: • Skin irritation. • Swelling. • Burning. • Itching. • Watery eyes. • Coughing. • Fainting.
		1.20	Describe the appropriate course of action if any of the following adverse effects occur: • Skin irritation. • Swelling. • Burning. • Itching. • Watery eyes. • Coughing. • Fainting.
2	Provide a range of self-tanning services.	2.1	Carry out a concise and comprehensive consultation, including: • Client objectives and desired outcome. • Identification of any contra-indications and taking any necessary action. • Associated risks. • Associated fees and timescales. • Agree the products and equipment to be used. • Obtain the client's informed consent for the service.
		2.2	Carry out a skin sensitivity test and record the result.

2	Continued	2.3	Prepare the client's skin, ensuring it is clean and ready for the selected self-tanning product.
		2.4	Test the operation and pressure of the spray gun prior to use.
		2.5	Apply the selected products: • In a controlled way. • At the required distance to achieve the desired effect. • Evenly. • In the required sequence. • In a way that minimises the risk of products being spread outside the treatment area.
		2.6	Adhere to health and safety requirements throughout the service, including: • Monitoring the client's health and wellbeing throughout the service. • Taking the appropriate action in the case of any adverse reaction.
		2.7	Conclude the service, including: • Confirming with the client that they are happy with the outcome of the service. • Completing and storing the client's records in line with legislative and organisational requirements. • Providing appropriate post-service advice and instruction to the client.
		2.8	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Action to be taken to implement improvement.

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 three times** before it is awarded.

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

- All practical activities are carried out on live models.
- The simulated environment matches, as close as possible, the environment found in a working salon.

Title:		Principles and Practice of Intimate Waxing for Female Clients		Level:	3
Unit Number:	Y/651/3641	TQT:	70	GLH:	50
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand the anatomy of the female genitalia and associated structures.	1.1	Identify the following components of the female genitalia: • Mons pubis. • Labia majora. • Labia minora. • Clitoris. • Urinary meatus. • Vaginal orifice. • Hymen.		
		1.2	Identify the following components of the skin: • Epidermis. • Dermis. • Subcutaneous layer. • Hair follicle. • Hair shaft. • Sebaceous gland. • Arrector pili muscle. • Sweat gland. • Blood and lymph vessels. • Sensory nerve endings.		
		1.3	Describe how the skin performs the following functions: • Protection. • Heat regulation. • Sensitivity. • Vitamin D production.		

1	<i>Continued</i>	1.4	Describe the stages of the hair growth cycle.
		1.5	Describe the types of hair found on the human body, and their function.
2	Understand how to prepare for and provide an intimate waxing service for female clients.	2.1	Explain the legal and organizational requirements, of the following, in relation to intimate waxing services: • Health and safety. • Safeguarding procedures. • Client protection and preparation. • Own personal hygiene, protection and appearance.
		2.2	Explain how, and why it is important, to always maintain the client's modesty and privacy.
		2.3	Describe the required environmental conditions for an intimate waxing service, including, but not limited to: • Heating. • Ventilation. • Cleanliness.

2	Continued	2.4	Describe the signs and symptoms of the following contra-indications: • Urinary infections. • Sexually transmitted infections. • Pubic lice. • Oedema. • Heat rash. • Sun burn. • Diabetes. • Moles. • Ingrowing hairs. • Skin tags. • Recent scar tissue. • External haemorrhoids. • Menstruation. • Varicose veins. • Infectious skin conditions. • Thin and fragile skin. • Allergies to products used.
		2.5	Identify the contra-indications that would: • Restrict an intimate waxing service. • Prevent an intimate waxing service. • Required medical referral.
		2.6	Explain why it is important to carry out the following, prior to an intimate waxing service: • A skin sensitivity test. • A thermal test patch. • Trim overly long hair.
		2.7	Explain why it is important to explain the procedure and the potential contra-actions to the client before undertaking an intimate waxing procedure.
		2.8	Explain why it is important for the client to personally cleanse the area to be treated immediately prior to the waxing service.

2	Continued	2.9	Describe the tools and products used to provide an intimate waxing service for a female client.
		2.10	Describe the following alternative methods of hair removal and how they affect an intimate waxing service: • Tweezing. • Shaving. • Depilatory creams. • Electrical depilatory. • Abrasive mitts. • Light based hair reduction. • Threading. • Electrical epilation.
		2.11	Describe how to provide the following intimate waxing services: • Hollywood. • Brazilian. • Bollywood. • Las Vegas. • California. • Shaping. • Adornments.
		2.12	Explain the function and purpose of pre- and post- waxing products.
		2.13	Describe the ingredients and composition of different waxing products.
		2.14	Explain how different waxing products are suitable for different types of hair.
		2.15	Describe how to deal with circumstances in which the client's behaviour breaches the professional status of the treatment.

2	Continued	2.16	Describe the signs and symptoms of the following contra-actions: • Bruising. • Blood spots. • Abrasions. • Broken hair. • Histamine reaction. • Excessive erythema. • Excessive regrowth. • Diminished regrowth. • Burns. • Inflammation.
		2.17	Explain how an intimate waxing service can cause the following contra-actions: • Bruising. • Blood spots. • Abrasions. • Broken hair. • Histamine reaction. • Excessive erythema. • Excessive regrowth. • Diminished regrowth. • Burns. • Inflammation.
3	Provide an intimate waxing service for female clients.	3.1	Carry out a client consultation, including: • Discuss the client's desired outcome. • Discuss the service timescales and associated fees. • Explain the procedure and possible contra-actions. • Identify any contra-indications and respond appropriately. • Agree the service plan. • Obtain the client's written and signed informed consent for the service.

3	Continued	3.2	Use a range consultation techniques, including: • Questioning. • Listening. • Visual. • Manual. • Written.
		3.3	Select the appropriate tools and equipment for the intimate waxing service.
		3.4	Select the appropriate pre- and post- waxing products for the intimate waxing service.
		3.5	Select the appropriate waxing product for the intimate waxing service.
		3.6	Prepare the client for the intimate waxing service, including: • Asking the client to remove accessories and clothing required for the service. • Protection of the clothing. • Conduct a thermal patch test. • Instructing the client to cleanse the area to be treated. • Positioning the client appropriately. • Trimming any overly long hair in the treatment area. • Apply a pre-wax product.

3	Continued	3.7	Provide the waxing service, including: • Apply and remove wax according to the requirements of the hair removal method and hair growth patterns. • Correctly stretch and manipulate the skin. • Use an appropriate speed of product removal. • Use an appropriate angle of product removal. • Monitor the temperature of the product. • Monitoring the client's wellbeing throughout the service. • Minimise discomfort to the client. • Minimise the risk of cross-infection and contamination. • Follow safeguarding procedures.
		3.8	Provide at least three of the following intimate waxing services: • Hollywood. • Brazilian. • Bollywood. • Las Vegas. • California. • Shaping. • Adornments.
		3.9	Conclude the intimate waxing service, including: • Ensure the treatment area is left free of wax and hair. • Apply an appropriate post-wax product. • Ensure that the client is satisfied with the result. • Complete and store the client's treatment records.

3	Continued	3.10	Provide appropriate post-treatment advice and recommendations to the client, including: • Activities to avoid after waxing. • Aftercare requirements and why these are important. • Future treatment timescales. • Additional products and services the client may be interested in. • Personal toilet hygiene.
---	-----------	------	--

Endorsement Requirements

It is expected that candidates will be **taught** how to provide **all** the following intimate waxing services for female clients:

- Hollywood.
- Brazilian.
- Bollywood.
- Las Vegas.
- California.
- Shaping.
- Adornments.

Candidates must be **assessed and endorsed** on **at least three** of these services. Candidates may be assessed on more than three of these services if desired.

Endorsements will appear on unit certificates.

Additional Assessment Information

Learning Outcomes 1 and 2 are **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 3 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. Both the candidate and live model must be **at least 18 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 Intimate Waxing for Male Clients		Level:	3
Unit Number:		A/651/3642	TQT:	70	GLH: 50
Learning Outcomes <i>The learner will be able to:</i>		Assessment Criteria <i>The learner can:</i>			
1	Understand the anatomy of the male genitalia and associated structures.	1.1	Identify the following components of the male genitalia: • Foreskin. • Glans penis. • Scrotum. • Vas deferens. • Testicles. • Epididymis. • Seminal glands. • Accessory glands. • Prostate gland.		
		1.2	Identify the following components of the skin: • Epidermis. • Dermis. • Subcutaneous layer. • Hair follicle. • Hair shaft. • Sebaceous gland. • Arrector pili muscle. • Sweat gland. • Blood and lymph vessels. • Sensory nerve endings.		

1	Continued	1.3	Describe how the skin performs the following functions: • Protection. • Heat regulation. • Sensitivity. • Vitamin D production.
		1.4	Describe the stages of the hair growth cycle.
		1.5	Describe the types of hair found on the human body, and their function.
2	Understand how to prepare for and provide an intimate waxing service for male clients.	2.1	Explain the legal and organizational requirements, of the following, in relation to intimate waxing services: • Health and safety. • Safeguarding procedures. • Client protection and preparation. • Own personal hygiene, protection and appearance.
		2.2	Explain how, and why it is important, to always maintain the client's modesty and privacy.
		2.3	Describe the required environmental conditions for an intimate waxing service, including, but not limited to: • Heating. • Ventilation. • Cleanliness.

2	Continued	2.4	Describe the signs and symptoms of the following contra-indications: • Urinary infections. • Sexually transmitted infections. • Pubic lice. • Oedema. • Heat rash. • Sun burn. • Diabetes. • Moles. • Ingrowing hairs. • Skin tags. • Recent scar tissue. • External haemorrhoids. • Varicose veins. • Infectious skin conditions. • Thin and fragile skin. • Allergies to products used.
		2.5	Identify the contra-indications that would: • Restrict an intimate waxing service. • Prevent an intimate waxing service. • Required medical referral.
		2.6	Explain why it is important to carry out the following, prior to an intimate waxing service: • A skin sensitivity test. • A thermal test patch. • Trim overly long hair.
		2.7	Explain why it is important to explain the procedure and the potential contra-actions to the client before undertaking an intimate waxing procedure.
		2.8	Explain why it is important for the client to personally cleanse the area to be treated immediately prior to the waxing service.

2	Continued	2.9	Describe the tools and products used to provide an intimate waxing service for a female client.
		2.10	Describe the following alternative methods of hair removal and how they affect an intimate waxing service: • Tweezing. • Shaving. • Depilatory creams. • Electrical depilatory. • Abrasive mitts. • Light based hair reduction. • Threading. • Electrical epilation.
		2.11	Describe how to provide intimate waxing services to the following parts of the body: • Lower back. • Buttocks. • Anal area. • Scrotum. • Penis.
		2.12	Explain the function and purpose of pre- and post- waxing products.
		2.13	Describe the ingredients and composition of different waxing products.
		2.14	Explain how different waxing products are suitable for different types of hair.
		2.15	Describe how to deal with circumstances in which the client's behaviour breaches the professional status of the treatment.

2	Continued	2.16	Describe the signs and symptoms of the following contra-actions: • Bruising. • Blood spots. • Abrasions. • Broken hair. • Histamine reaction. • Excessive erythema. • Excessive regrowth. • Diminished regrowth. • Burns. • Inflammation.
		2.17	Explain how an intimate waxing service can cause the following contra-actions: • Bruising. • Blood spots. • Abrasions. • Broken hair. • Histamine reaction. • Excessive erythema. • Excessive regrowth. • Diminished regrowth. • Burns. • Inflammation.
3	Provide an intimate waxing service for male clients.	3.1	Carry out a client consultation, including: • Discuss the client's desired outcome. • Discuss the service timescales and associated fees. • Explain the procedure and possible contra-actions. • Identify any contra-indications and respond appropriately. • Agree the service plan. • Obtain the client's written and signed informed consent for the service.

3	Continued	3.2	Use a range consultation techniques, including: • Questioning. • Listening. • Visual. • Manual. • Written.
		3.3	Select the appropriate tools and equipment for the intimate waxing service.
		3.4	Select the appropriate pre- and post- waxing products for the intimate waxing service.
		3.5	Select the appropriate waxing product for the intimate waxing service.
		3.6	Prepare the client for the intimate waxing service, including: • Asking the client to remove accessories and clothing required for the service. • Protection of the clothing. • Conduct a thermal patch test. • Instructing the client to cleanse the area to be treated. • Positioning the client appropriately. • Trimming any overly long hair in the treatment area. • Apply a pre-wax product.

3	Continued	3.7	Provide the waxing service, including: • Apply and remove wax according to the requirements of the hair removal method and hair growth patterns. • Correctly stretch and manipulate the skin. • Use an appropriate speed of product removal. • Use an appropriate angle of product removal. • Monitor the temperature of the product. • Monitoring the client's wellbeing throughout the service. • Minimise discomfort to the client. • Minimise the risk of cross-infection and contamination. • Follow safeguarding procedures.
		3.8	Provide intimate waxing services to the following parts of the body: • Lower back. • Buttocks. • Anal area. • Scrotum. • Penis.
		3.9	Conclude the intimate waxing service, including: • Ensure the treatment area is left free of wax and hair. • Apply an appropriate post-wax product. • Ensure that the client is satisfied with the result. • Complete and store the client's treatment records.

3	<i>Continued</i>	3.10	Provide appropriate post-treatment advice and recommendations to the client, including: • Activities to avoid after waxing. • Aftercare requirements and why these are important. • Future treatment timescales. • Additional products and services the client may be interested in. • Personal toilet hygiene.
---	------------------	------	--

Additional Assessment Information

Learning Outcomes 1 and 2 are **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 3 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. Both the candidate and live model must be **at least 18 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 Semi-Permanent Eyelash Lifting		Level:	3
Unit Number:	Y/651/3877	TQT:	100	GLH:	90
Learning Outcomes The learner will be able to:		Assessment Criteria The learner can:			
1	Understand how to prepare for and provide semi-permanent eyelash lifting services.	1.1	Describe the contra-indications for semi-permanent eyelash lifting, including: • If the contra-indication is relative or absolute. • Any required modifications to the treatment. • If a referral to a healthcare professional is required.		
		1.2	Explain the importance of recognising suspicious skin lesions and referring them to a relevant healthcare professional.		
		1.3	Explain how the following factors can affect a semi-permanent eyelash lifting treatment: • Medical history. • Client lifestyle. • Client expectations.		
		1.4	Explain how the face shape, facial features and eye shape can determine the symmetry and balance of a semi-permanent eyelash lifting treatment.		
		1.5	Describe how to carry out and interpret the following pre-treatment tests: • Skin test. • Sensitivity test. • Allergy alert test.		
		1.6	Describe the types of skin hygiene products suitable for use prior to a semi-permanent eyelash lifting treatment.		

1	Continued	1.7	Explain how lifestyle, hair classification and characteristics can affect the selection and application of products and equipment used in a semi-permanent eyelash lifting treatment.
		1.8	Explain how lifting and fixing solutions break and repair disulphide bonds within the hair structure.
		1.9	Explain why fixing and neutralising solutions are removed from the hair with a dry consumable during the treatment.
		1.10	Describe why it is important to establish the client's eyelash treatment history, including the incompatibility of combining henna and perming chemicals and its caustic effect on the hair.
		1.11	Explain the advice and guidance that should be provided to the client following a semi-permanent eyelash lifting treatment.
		1.12	Describe the signs and symptoms of the following adverse effects: • Hyperaemia. • Urticaria. • Abrasions. • Damage to the eye. • Eye irritation. • Oedema. • Eyelash loss. • Blindness. • Allergy.
		1.13	Explain how a semi-permanent eyelash lifting treatment can cause the following adverse effects and how to avoid them: • Hyperaemia. • Urticaria. • Abrasions. • Damage to the eye. • Eye irritation. • Oedema. • Eyelash loss. • Blindness. • Allergy.

1	Continued	1.14	Describe the appropriate action to be taken should any of the following adverse reactions occur: • Hyperaemia. • Urticaria. • Abrasions. • Damage to the eye. • Eye irritation. • Oedema. • Eyelash loss. • Blindness. • Allergy.
2	Carry out semi-permanent eyelash lifting treatments.	2.1	Carry out a concise and comprehensive consultation, including: • Client's objectives, expectations and desired outcomes. • Treatment history. • Identification of contra-indications. • Alternative treatment options. • Associated risks. • Associated fees and timescales.
		2.2	Carry out pre-treatment tests to determine the suitability for treatment.
		2.3	Carry out a hair and skin analysis, including: • Hair classification. • Hair condition. • Hair growth pattern. • Skin classification. • Skin condition. • Anatomical facial features.
		2.4	Agree and confirm with the client that they understand the proposed semi-permanent eyelash lifting treatment, including obtaining their informed consent.
		2.5	Prepare the treatment area, including the use of an appropriate hygiene preparation.

2	Continued	2.6	Carry out a safe and effective application of semi-permanent eyelash lifting, including: • Use under eye pads and micro-tape to protect the lower lashes. • Apply adequate adhesive to the underside of the curling shields. • Attach curling shields on the eyelid. • Apply adequate adhesive to the surface of the curling shields. • Isolate and lift each eyelash onto the surface of the curling shield. • Apply lifting solution, allow to develop and remove with a dry consumable. • Apply the neutralising solutions in the elevated position, leave to develop and remove using a dry consumable. • Gently release the individual lashes from the curling shields in accordance with manufacturer instructions. • Remove the curling shields, under eye protection and excess adhesive, minimising any discomfort to the client. • Protect the eyelashes with nourishing solution.
		2.7	Adhere to health and safety requirements throughout the service, including: • Monitoring the client's health and wellbeing throughout the service. • Taking the appropriate action in the case of any adverse reaction.
		2.8	Conclude the service, including: • Confirming with the client that they are happy with the outcome of the service. • Completing and storing the client's records in line with legislative and organisational requirements. • Providing appropriate post-service advice and instruction to the client.
		2.9	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Action to be taken to implement improvement.

Additional Assessment Information

Learning Outcomes 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 three 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 Brow Lamination Procedures		Level:	3
Unit Number:	A/651/3878	TQT:	100	GLH:	90
Learning Outcomes The learner will be able to:		Assessment Criteria The learner can:			
1	Understand how to prepare for and provide Brow Lamination services.	1.1	Describe the contra-indications for Brow Lamination, including: • If the contra-indication is relative or absolute. • Any required modifications to the treatment. • If a referral to a healthcare professional is required.		
		1.2	Explain the importance of recognising the suspicious skin lesions and referring them to a relevant healthcare professional.		
		1.3	Explain how the following factors can affect a Brow Lamination treatment: • Medical history. • Client lifestyle. • Client expectations.		
		1.4	Explain how the face shape, facial features and eye shape can determine the symmetry and balance of a Brow Lamination treatment.		
		1.5	Describe how to carry out and interpret the following pre-treatment tests: • Skin test. • Sensitivity test. • Allergy alert test.		
		1.6	Describe the types of skin hygiene products suitable for use prior to a Brow Lamination treatment.		
		1.7	Explain how lifestyle, hair classification and characteristics can affect the selection and application of products and equipment used in a Brow Lamination treatment.		

1	Continued	1.8	Explain how lifting and fixing solutions break and repair disulphide bonds within the hair structure.
		1.9	Explain why fixing and neutralising solutions are removed from the hair with a dry consumable during the treatment.
		1.10	Describe why it is important to establish the client's eyebrow treatment history, including the incompatibility of combining henna and perming chemicals and its caustic effect on the hair.
		1.11	Explain the advice and guidance that should be provided to the client following a Brow Lamination treatment.
		1.12	Describe the signs and symptoms of the following adverse effects: • Hyperaemia. • Urticaria. • Abrasions. • Damage to the eye. • Eye irritation. • Oedema. • Eyelash loss. • Blindness. • Allergy.
		1.13	Explain how a Brow Lamination treatment can cause the following adverse effects and how to avoid them: • Hyperaemia. • Urticaria. • Abrasions. • Damage to the eye. • Eye irritation. • Oedema. • Eyelash loss. • Blindness. • Allergy.

1	Continued	1.14	Describe the appropriate action to be taken should any of the following adverse reactions occur: • Hyperaemia. • Urticaria. • Abrasions. • Damage to the eye. • Eye irritation. • Oedema. • Eyelash loss. • Blindness. • Allergy.
2	Carry out Brow Lamination treatments.	2.1	Carry out a concise and comprehensive consultation, including: • Client's objectives, expectations and desired outcomes. • Treatment history. • Identification of contra-indications. • Alternative treatment options. • Associated risks. • Associated fees and timescales.
		2.2	Carry out pre-treatment tests to determine the suitability for treatment.
		2.3	Carry out a hair and skin analysis, including: • Hair classification. • Hair condition. • Hair growth pattern. • Skin classification. • Skin condition. • Anatomical facial features.
		2.4	Agree and confirm with the client that they understand the proposed Brow Lamination treatment, including obtaining their informed consent.
		2.5	Prepare the treatment area, including the use of an appropriate hygiene preparation.

2	Continued	2.6	Carry out a safe and effective brow lifting, including: • Apply adhesive to the brows. • Apply the lifting solutions to elevate the brows, leave to develop and remove using a dry consumable. • Apply the neutralising solutions in the elevated position, leave to develop and remove using a dry consumable. • Trim the brow hairs to the shape agreed in the treatment plan. • Gently release the individual brow hairs from the adhesive. • Protect the brow hairs with nourishing solution.
		2.7	Adhere to health and safety requirements throughout the service, including: • Monitoring the client's health and wellbeing throughout the service. • Taking the appropriate action in the case of any adverse reaction.
		2.8	Conclude the service, including: • Confirming with the client that they are happy with the outcome of the service. • Completing and storing the client's records in line with legislative and organisational requirements. • Providing appropriate post-service advice and instruction to the client.
		2.9	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Action to be taken to implement improvement.

Additional Assessment Information

Learning Outcomes 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 three 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 Threading Treatments		Level:	3
Unit Number:		D/651/3879	TQT:	90	GLH: 80
Learning Outcomes The learner will be able to:		Assessment Criteria The learner can:			
1	Understand how to prepare for and provide threading treatments.	1.1	Describe the contra-indications for a threading treatment, including: • If the contra-indication is relative or absolute. • Any required modifications to the treatment. • If a referral to a healthcare professional is required.		
		1.2	Explain the importance of recognising the suspicious skin lesions and referring them to a relevant healthcare professional.		
		1.3	Explain how the following factors can affect a threading treatment: • Medical history. • Client lifestyle. • Client expectations. • Treatment history.		
		1.4	Explain why long hairs are cut prior to carrying out the threading treatment.		
		1.5	Explain how the following hair removal techniques are used to carry out a safe, effective and quick threading treatment: • Hand technique. • Neck technique.		
		1.6	Explain the importance of maintaining and adapting the tension of the thread.		
		1.7	Explain why hair is removed against the direction of hair growth.		
		1.8	Explain why threading using the mouth is a risk to health.		

1	Continued	1.9	Explain how magnifying and illuminating the individual's treatment area can support the threading treatment.
		1.10	Explain the advice that should be provided to the client following a threading treatment.
		1.11	Describe the signs and symptoms of the following adverse effects: • Excessive oedema. • Abrasions. • Broken hair. • Hyperaemia. • Excessive and diminished regrowth. • Allergy.
		1.12	Explain how threading treatments can cause the following adverse effects and how to avoid them: • Excessive oedema. • Abrasions. • Broken hair. • Hyperaemia. • Excessive and diminished regrowth. • Allergy.
		1.13	Describe the appropriate action to be taken should any of the following adverse effects occur: • Excessive oedema. • Abrasions. • Broken hair. • Hyperaemia. • Excessive and diminished regrowth. • Allergy.
2	Carry out threading treatments.	2.1	Carry out a concise and comprehensive consultation with the client, including: • Client objectives. • Hair concerns. • Desired outcomes. • Treatment history. • Alternative treatment options. • Associated risks. • Associated fees and timescales.

2	Continued	2.2	Carry out a hair and skin analysis, including: • Magnification and illumination of the treatment area. • Hair classification. • Hair growth patterns. • Skin classification. • Skin condition.
		2.3	Obtain the client's informed consent for the threading treatment.
		2.4	Prepare the treatment area for the threading treatment, including: • Selecting and using an appropriate hygiene product. • Trimming overly long hairs.
		2.5	Carry out a safe and effective removal of hair using thread to remove unwanted hair, including: • Selecting and using a sterile piece of thread. • The client supporting the skin to be taut. • Removing hair in the opposite direction of hair growth. • Applying correct tension of thread. • Creating a well-balanced, proportioned and defined eyebrow shape to suit the client's objectives.
		2.6	Adhere to health and safety requirements throughout the service, including: • Monitoring the client's health and wellbeing throughout the service. • Taking the appropriate action in the case of any adverse reaction.
		2.7	Conclude the service, including: • Confirming with the client that they are happy with the outcome of the service. • Completing and storing the client's records in line with legislative and organisational requirements. • Providing appropriate post-service advice and instruction to the client.

2	Continued	2.8	Evaluate the service provided, including: • Areas of strength. • Areas for improvement. • Action to be taken to implement improvement.
---	-----------	-----	--

Additional Assessment Information

Learning Outcomes 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 three 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.

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.



ProQual Awarding Body

ProQual House
Unit 1, Innovation Drive
Newport, Brough
HU15 2GX

Tel: 01430 423 822
enquiries@proqualab.com
www.proqualab.com