

# Professional Discussion Mapping Document

## **VTCT Level 3 Advanced and Creative Hair Professional**

This mapping document is to be completed prior to the Gateway stage and submitted with the Collection of the hairstyle looks for each apprentice.

**Please note:** It is a requirement of the training provider to submit all of the evidence electronically, via the 'Documents tab' on the apprentice's dashboard within the SEPA system. This must be in a scanned format, allowing the evidence package to be viewed remotely. VTCT will not accept a link to an apprentice's individual e-portfolio.

Evidence number (typically 1 – 17 pieces of evidence)	KSBs Requirements:	Knowledge, Skills and Behaviours criteria:	Type of evidence submitted:	Reference number:
Example:				
1	К1	Researches fashion forward trends - The principles and stages of planning, researching and developing fashion forward trends, different media types and platforms	PowerPoint presentation	1.1
1	К2	Researches fashion forward trends - How to promote fashion forward collection of hairstyle looks using a choice of media to target a specific market, individuals or groups	Social media platforms	1.2



Evidence number (typically 1 – 17 pieces of evidence)	KSBs Requirements:	Knowledge, Skills and Behaviours criteria:	Type of evidence submitted:	Reference number:



#### **Declaration of Authenticity**

The work submitted for the package of information must be the apprentice's own work. Should this evidence be copied from someone else or plagiarised in any other way, the apprentice's End-point Assessment result may be void.

### **Apprentice Declaration**

I confirm that all of the artefact evidence submitted to VTCT for my Professional Discussion is my own work.

Apprentice name:	
Apprentice signature:	
Date:	

#### **Training Provider/Employer Declaration**

The following declaration can be provided by the training provider or the employer.

I have authenticated the apprentice's work and I am satisfied that to the best of my knowledge, the work submitted is solely that of the apprentice.

Training provider/ employer name:	
Training provider/ employer signature:	
Date:	