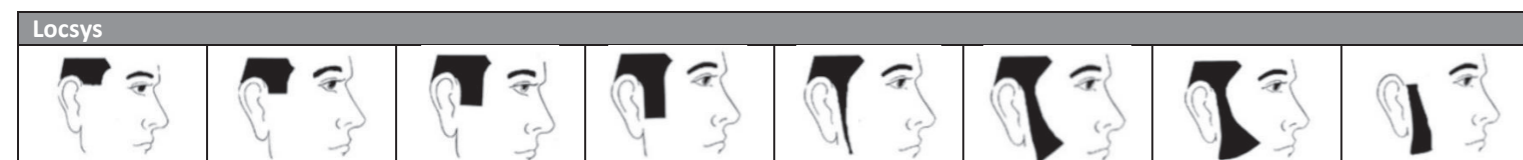
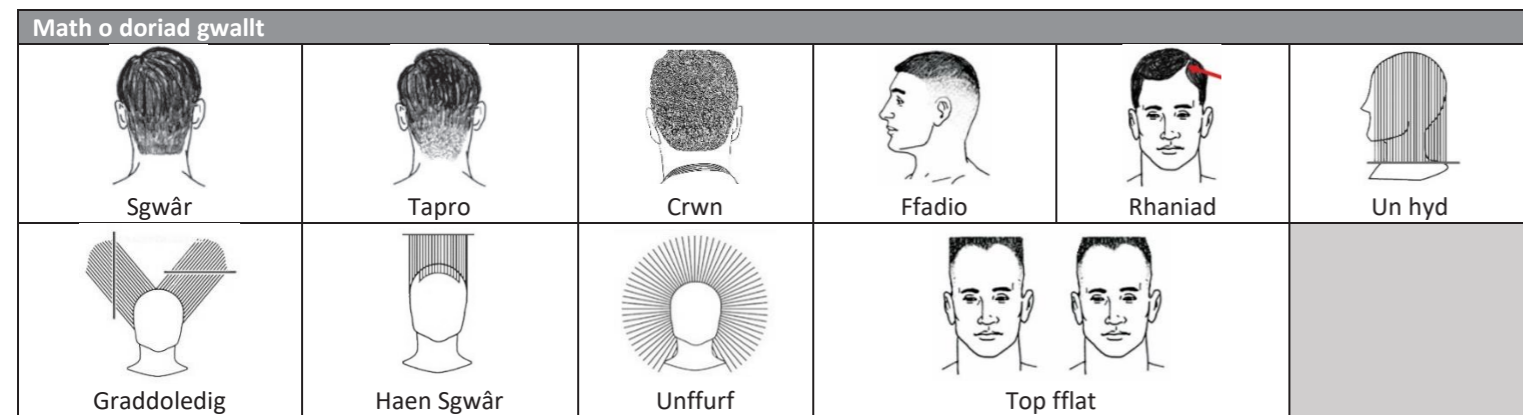


**Cyfeirnod portffolio:**

Enw'r prentis:			
Enw/cyfeirnod y cleient:		Cleient newydd <input type="checkbox"/>	Cleient presennol <input type="checkbox"/>
Dyddiad:			
Cost y gwasanaeth:			
	Ymgynghoriad <input type="checkbox"/>	Siampwio, cyflyru a thrin gwallt <input type="checkbox"/>	
	Technegau torri barbro <input type="checkbox"/>	Steilio a gorffennu gwallt dynion <input type="checkbox"/>	
	Torri blew'r wyneb i siâp <input type="checkbox"/>	Gwasanaethau eillio <input type="checkbox"/>	
Trosolwg o'r gwasanaeth/ amseriadau'r gwasanaeth:	Dymuniadau'r cleient/achlysur;		

Dosbarthiadau gwallt	Gwead		
	1a Ffein	1b Canolig	1c Cwrs
Math 1 – Gwallt syth	Syth <input type="checkbox"/>	Syth gyda foliwm <input type="checkbox"/>	Gwallt anodd syth <input type="checkbox"/>
Math 2 – Gwallt tonnog	2a Ffein Patrwm 'S' <input type="checkbox"/>	2b Canolig Patrwm 'S' crychlyd <input type="checkbox"/>	2c Cwrs Patrwm 'S' crychlyd iawn <input type="checkbox"/>
Math 3 – Gwallt cyrliog	3a Ffein Cwrl rhydd <input type="checkbox"/>	3b Canolig Cwrl llac <input type="checkbox"/>	3c Cwrs Cwrl tynn <input type="checkbox"/>
Math 4 – Gwallt cyrliog iawn	4a Ffein Patrwm cwrl wedi'i dorchi'n dynn <input type="checkbox"/>	4b Canolig Patrwm Z a chwrl gwrychog <input type="checkbox"/>	4c Cwrs Patrwm Z tynn <input type="checkbox"/>

Wedi ystyried holl ffactorau dylanwadol					
Dwysedd (faint o wallt)	Trwchus <input type="checkbox"/>	Canolig <input type="checkbox"/>	Tenau <input type="checkbox"/>		
Hyd y gwallt	Uwch ysgwydd <input type="checkbox"/>	O dan yr ysgwydd <input type="checkbox"/>	Un hyd <input type="checkbox"/>	Haenog <input type="checkbox"/>	Ffrinj <input type="checkbox"/>
Cyflwr y gwallt	Normal <input type="checkbox"/>	Seimlyd <input type="checkbox"/>	Wedi'i niweidio <input type="checkbox"/>	Gwaddodion cynnyrch <input type="checkbox"/>	Sych <input type="checkbox"/>
Cyflwr croen pen	Normal <input type="checkbox"/>	Seimlyd <input type="checkbox"/>	Cen pen <input type="checkbox"/>	Gwaddodion cynnyrch <input type="checkbox"/>	Sych <input type="checkbox"/>
Patrymau tyfiant	Llyfiad llo <input type="checkbox"/>	Pigyn gweddw <input type="checkbox"/>	Llyfiad gwegil <input type="checkbox"/>	Corun ceiliog <input type="checkbox"/>	Patrwm moelni mewn dynion <input type="checkbox"/>
Tyllau yn y corff	Ar y wyneb <input type="checkbox"/>	Clustiau <input type="checkbox"/>			
Amlinellad yr wyneb	Ceg <input type="checkbox"/>	Lled gwefusau <input type="checkbox"/>	Trwyn <input type="checkbox"/>	Siâp yr ên <input type="checkbox"/>	Man geni/pantiau <input type="checkbox"/>
Elastigedd y croen/oed	18-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	36-45 <input type="checkbox"/>	46-55 <input type="checkbox"/>	56-65 <input type="checkbox"/>
	66-75 <input type="checkbox"/>	76 a hŷn <input type="checkbox"/>			

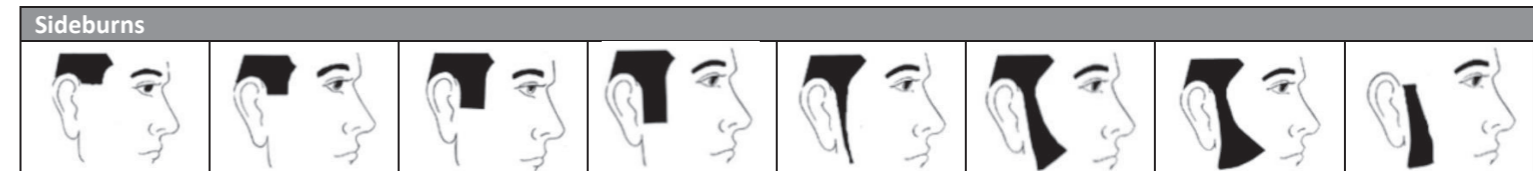
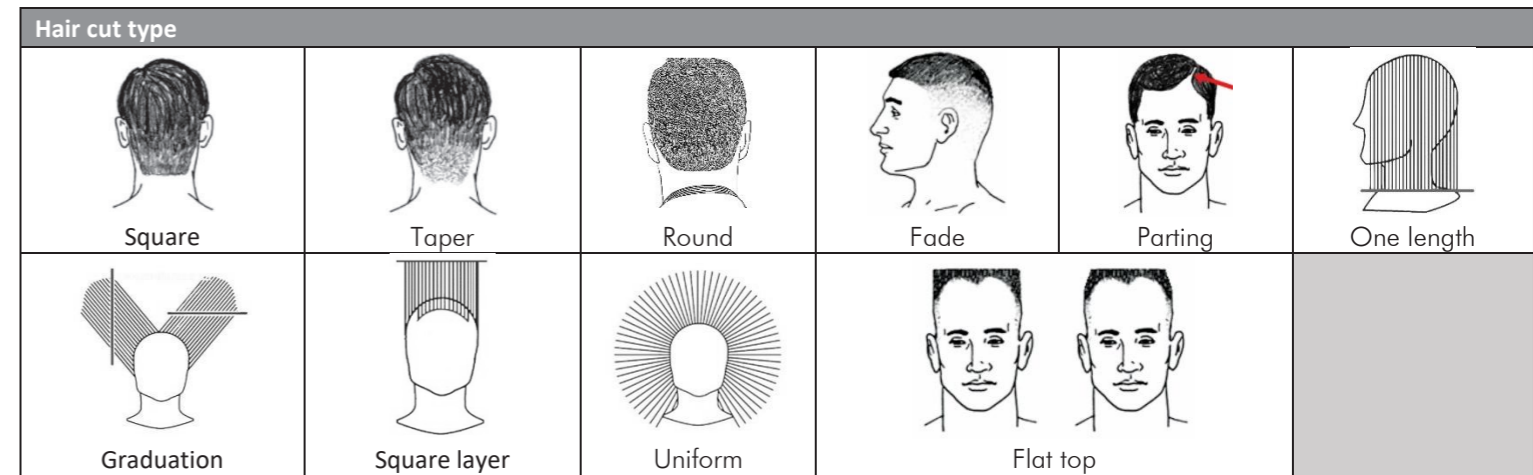


**Portfolio reference:**

Apprentice name:			
Client name/reference no:		New client <input type="checkbox"/>	Existing client <input type="checkbox"/>
Date:			
Service cost:			
	Consultation <input type="checkbox"/>	Shampoo, condition and treat <input type="checkbox"/>	
	Barbering cutting techniques <input type="checkbox"/>	Style and finish men's hair <input type="checkbox"/>	
	Cut facial hair into shape <input type="checkbox"/>	Shaving services <input type="checkbox"/>	
Service overview/service timings:	Client wishes/occasion;		

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

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



Siapiau'r wyneb					
Hirgrwn	Sgwâr	Crwn	Calon	Petryal	Diemwnt

Offer gwarchod personol					
Offer gwarchod personol	Gŵn <input type="checkbox"/>	Coler dorri <input type="checkbox"/>	Tywel(ion) <input type="checkbox"/>	Gwlân cotwm <input type="checkbox"/>	Clogyn <input type="checkbox"/>
	Cadach gwddf <input type="checkbox"/>	Cap <input type="checkbox"/>	Menig <input type="checkbox"/>	Ffedog <input type="checkbox"/>	

Mathau o farf a mwstach										

A fydd y gwrtharwyddion yn effeithio ar y gwasanaeth	Cyngor a roddwyd/camau a gymerwyd	
Heintiadau tybiedig	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Plâu tybiedig	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Hanes meddygol	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Cyngor neu gyfarwyddiadau meddygol	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Niwed i'r gwallt	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Briwiau a chrafiadau	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Anafiadau/creithiau diweddar	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Ffordd o fyw	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Gwallt yn tyfu i'r byw	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Siâp y pen a'r wyneb	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Amlinelliad y wyneb	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Tyllau yn y corff	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Cynhyrchion a gwasanaethau anghymarus	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Presenoldeb gwallt a ychwanegwyd	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Patrwm moelni mewn dynion	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>
Steil gwallt	Bydd <input type="checkbox"/>	Na fydd <input type="checkbox"/>

Offer					
Offer a ddefnyddiwyd	Bowl a brwsh <input type="checkbox"/>	Ategolion clipiwr <input type="checkbox"/>	Clipwyr <input type="checkbox"/>	Gefeiliau cyrlio <input type="checkbox"/>	Crib torri <input type="checkbox"/>
	Gwasgarwr <input type="checkbox"/>	Crib gorffennu <input type="checkbox"/>	Brwsh fflat <input type="checkbox"/>	Menig <input type="checkbox"/>	Sychwr llaw <input type="checkbox"/>
	Ffroenell <input type="checkbox"/>	Llafnau agored <input type="checkbox"/>	Raseli <input type="checkbox"/>	Brwsh crwn <input type="checkbox"/>	Siswrn <input type="checkbox"/>
	Brwshys eillio <input type="checkbox"/>	Sbyngiau <input type="checkbox"/>	Stemiwr <input type="checkbox"/>	Sythwyr <input type="checkbox"/>	T-leineri <input type="checkbox"/>
	Trimiwr <input type="checkbox"/>	Crib dannedd llydan <input type="checkbox"/>	Arall:		

Face shapes					
Oval	Square	Round	Heart	Oblong	Diamond

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

Beard and moustache designs										

Will the contra-indications affect the service	Advice given/actions taken	
Suspected infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Suspected infestations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical advice or instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hair damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cuts and abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recent injuries/scarring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lifestyle	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In growing hair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Head and face shape	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Facial contour	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Piercings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incompatibility of products and services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Presence of added hair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Male pattern baldness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hair style	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Equipment					
Equipment used	Bowl and brush <input type="checkbox"/>	Clipper attachments <input type="checkbox"/>	Clippers <input type="checkbox"/>	Curling tongs <input type="checkbox"/>	Cutting comb <input type="checkbox"/>
	Diffuser <input type="checkbox"/>	Dressing comb <input type="checkbox"/>	Flat brush <input type="checkbox"/>	Gloves <input type="checkbox"/>	Hand dryer <input type="checkbox"/>
	Nozzle <input type="checkbox"/>	Open blades <input type="checkbox"/>	Razors <input type="checkbox"/>	Round brush <input type="checkbox"/>	Scissors <input type="checkbox"/>
	Shaving brushes <input type="checkbox"/>	Sponges <input type="checkbox"/>	Steamer <input type="checkbox"/>	Straighteners <input type="checkbox"/>	T-liners <input type="checkbox"/>
	Trimmer <input type="checkbox"/>	Wide tooth comb <input type="checkbox"/>	Other:		

Cynhyrchion a ddefnyddiwyd yn ystod y gwasanaeth					
Siampwio	Normal <input type="checkbox"/>	Seimlyd <input type="checkbox"/>	Gwaddodion cynnyrch <input type="checkbox"/>	Sych <input type="checkbox"/>	Wedi'i niweidio <input type="checkbox"/>
Cyflyru	Arwynebol <input type="checkbox"/>	Treiddiol <input type="checkbox"/>	Triniaeth i groen pen <input type="checkbox"/>		
Steilio a gorffennu	Tonigau <input type="checkbox"/>	Olewau <input type="checkbox"/>	Powdr steilio <input type="checkbox"/>	Gel <input type="checkbox"/>	Hufen <input type="checkbox"/>
	Chwistrell <input type="checkbox"/>	Cwyr <input type="checkbox"/>	Pomâd <input type="checkbox"/>	Clai <input type="checkbox"/>	
Torri	Tonigau <input type="checkbox"/>				
Torri blew'r wyneb	Olew <input type="checkbox"/>	Cwyr <input type="checkbox"/>			
Cyn-eillio	Glanweithydd <input type="checkbox"/>	Sgrwb/diblisgwr <input type="checkbox"/>	Hufen <input type="checkbox"/>	Olew <input type="checkbox"/>	
Seboni	Hufenau <input type="checkbox"/>	Olewau <input type="checkbox"/>	Gel <input type="checkbox"/>	Sebon <input type="checkbox"/>	
Gorffennu	Hufen lleithio <input type="checkbox"/>	Eli ôl-eillio <input type="checkbox"/>	Powdr <input type="checkbox"/>	Trwyth tynhaol <input type="checkbox"/>	

Technegau a ddefnyddiwyd					
Siampwio/cyflyru/trin	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Cylchdro <input type="checkbox"/>	Ffrithiant <input type="checkbox"/>	
Steilio a gorffennu gwallt dynion	Sythu <input type="checkbox"/>	Llyfnu <input type="checkbox"/>	Foliwm <input type="checkbox"/>	Symudiad <input type="checkbox"/>	Gwead <input type="checkbox"/>
	Sychu gyda brwsh <input type="checkbox"/>	Sychu gyda'r bysedd <input type="checkbox"/>	Cyrluo <input type="checkbox"/>		
Technegau barbro torri	Gwlyb <input type="checkbox"/>	Sych <input type="checkbox"/>	Trim i'r aelïau <input type="checkbox"/>	Graddoledig <input type="checkbox"/>	Haenu <input type="checkbox"/>
	Llinell daprog <input type="checkbox"/>	Toriad clwb <input type="checkbox"/>	Siswrn dros grib <input type="checkbox"/>	Clipiwr dros grib <input type="checkbox"/>	Teneuo <input type="checkbox"/>
	Llawrydd <input type="checkbox"/>	Ychwanegu gwead <input type="checkbox"/>	Torri gyda rasel <input type="checkbox"/>	Ffadio <input type="checkbox"/>	Gorchuddio'r glust <input type="checkbox"/>
	O gwmpas y glust <input type="checkbox"/>	Gyda ffrinj <input type="checkbox"/>	Datgysylltiad <input type="checkbox"/>		
Gyddfau dynion	Blaenfeinio <input type="checkbox"/>	Sgwâr <input type="checkbox"/>	Llawn <input type="checkbox"/>	Ffadio i'r croen <input type="checkbox"/>	
Siapiau amlinellol	Naturiol <input type="checkbox"/>	Wedi'i greu <input type="checkbox"/>	Taprog <input type="checkbox"/>		
Amlinelliad a manylion	Llinell syth <input type="checkbox"/>	Llinell grom <input type="checkbox"/>	Ailadrodd <input type="checkbox"/>	Llinell y gwallt <input type="checkbox"/>	
Siapiau blew'r wyneb	Mwstach <input type="checkbox"/>	Barf a mwstach <input type="checkbox"/>	Barf lawn a mwstach <input type="checkbox"/>	Clipiwr dros grib <input type="checkbox"/>	Siswrn dros grib <input type="checkbox"/>
	Llawrydd <input type="checkbox"/>	Ffadio <input type="checkbox"/>			
Eillio	Eilliad llawn <input type="checkbox"/>	Eilliad rhannol <input type="checkbox"/>	Amlinellau barf <input type="checkbox"/>	Taenu â brwsh <input type="checkbox"/>	Taenu drwy dylino <input type="checkbox"/>
Tylino'r wyneb	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Tapotement <input type="checkbox"/>		
Technegau eillio	Tynnu'r croen <input type="checkbox"/>	Dull blaenllaw <input type="checkbox"/>	Dull gwrthlaw <input type="checkbox"/>	Eillio â sbwng <input type="checkbox"/>	

Cyngor ac argymhellion			
Sut i gynnal eu hedrychiad	Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	
Ysbaid rhwng gwasanaethau	Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	
Cynhyrchion	Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	
Gwasanaethau	Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	
Technegau datglymu cywir	Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	
Defnyddio offer	Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	
Diblisgo	Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	
Arfer iechyd a diogelwch	Wedi gweithio'n ddiogel ac yn hylan drwy gydol y gwasanaeth		Do <input type="checkbox"/> Naddo <input type="checkbox"/>

Llofnod yr aseswr:	Llofnod y myfyriwr:
Llofnod arall:	Perthynas i'r prentis:

Products used during service					
Shampooing	Normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Dry <input type="checkbox"/>	Damaged <input type="checkbox"/>
Conditioning	Surface <input type="checkbox"/>	Penetrating <input type="checkbox"/>	Scalp treatment <input type="checkbox"/>		
Styling and finishing	Tonics <input type="checkbox"/>	Oils <input type="checkbox"/>	Styling powder <input type="checkbox"/>	Gel <input type="checkbox"/>	Cream <input type="checkbox"/>
	Spray <input type="checkbox"/>	Wax <input type="checkbox"/>	Pomade <input type="checkbox"/>	Clay <input type="checkbox"/>	
Cutting	Tonics <input type="checkbox"/>				
Cut facial hair	Oil <input type="checkbox"/>	Wax <input type="checkbox"/>			
Pre-shave	Cleanser <input type="checkbox"/>	Scrub/exfoliator	Cream	Oil	
Lathering	Creams <input type="checkbox"/>	Oils <input type="checkbox"/>	Gel <input type="checkbox"/>	Soap <input type="checkbox"/>	
Finishing	Moisturising cream <input type="checkbox"/>	After shave balm <input type="checkbox"/>	Powder <input type="checkbox"/>	Astringent <input type="checkbox"/>	

Techniques used					
Shampoo/condition/treat	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Rotary <input type="checkbox"/>	Friction <input type="checkbox"/>	
Style and finish men's hair	Straightening <input type="checkbox"/>	Smoothing <input type="checkbox"/>	Volume <input type="checkbox"/>	Movement <input type="checkbox"/>	Texture <input type="checkbox"/>
	Brush drying <input type="checkbox"/>	Finger drying <input type="checkbox"/>	Curl <input type="checkbox"/>		
Cutting barbering techniques	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Eyebrow trim <input type="checkbox"/>	Graduating <input type="checkbox"/>	Layering <input type="checkbox"/>
	Tapering <input type="checkbox"/>	Club cutting <input type="checkbox"/>	Scissor over comb <input type="checkbox"/>	Clipper over comb <input type="checkbox"/>	Thinning <input type="checkbox"/>
	Freehand <input type="checkbox"/>	Texurising <input type="checkbox"/>	Razor cutting <input type="checkbox"/>	Fading <input type="checkbox"/>	Covering ear <input type="checkbox"/>
	Around ear <input type="checkbox"/>	With fringe <input type="checkbox"/>	Disconnecting <input type="checkbox"/>		
Men's necklines	Tapered <input type="checkbox"/>	Square <input type="checkbox"/>	Full <input type="checkbox"/>	Skin fade <input type="checkbox"/>	
Outline shapes	Natural <input type="checkbox"/>	Created <input type="checkbox"/>	Tapered <input type="checkbox"/>		
Outline and detailing	Straight line <input type="checkbox"/>	Curved line <input type="checkbox"/>	Repeated <input type="checkbox"/>	Hair line <input type="checkbox"/>	
Facial hair shapes	Moustache <input type="checkbox"/>	Beard and moustache <input type="checkbox"/>	Full beard and moustache <input type="checkbox"/>	Clipper over comb <input type="checkbox"/>	Scissor over comb <input type="checkbox"/>
	Freehand <input type="checkbox"/>	Fading <input type="checkbox"/>			
Shaving	Full shave <input type="checkbox"/>	Partial shave <input type="checkbox"/>	Beard outlines <input type="checkbox"/>	Brush application <input type="checkbox"/>	Massage application <input type="checkbox"/>
Facial massage	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Tapotement <input type="checkbox"/>		
Shaving techniques	Skin tensioning <input type="checkbox"/>	Forehand stroke <input type="checkbox"/>	Back hand stroke <input type="checkbox"/>	Sponge shaving <input type="checkbox"/>	

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

Assessor signature:	Student signature:
Other signature:	Relationship to apprentice: