





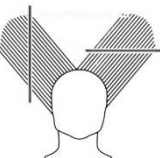
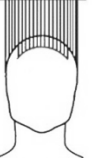
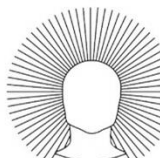
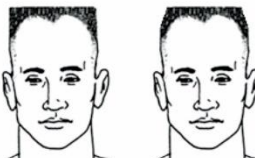


VTCT Hair Professionals (Barbering)
End-point Assessment Consultation Sheet

Apprentice name:			
Client name/reference no:		New client <input type="checkbox"/>	Existing client <input type="checkbox"/>
Date:			
Consultation <input type="checkbox"/>	Shampoo, condition and treat the hair and scalp <input type="checkbox"/>		
Cutting hair using a range of barbering techniques to create a variety of looks <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;		

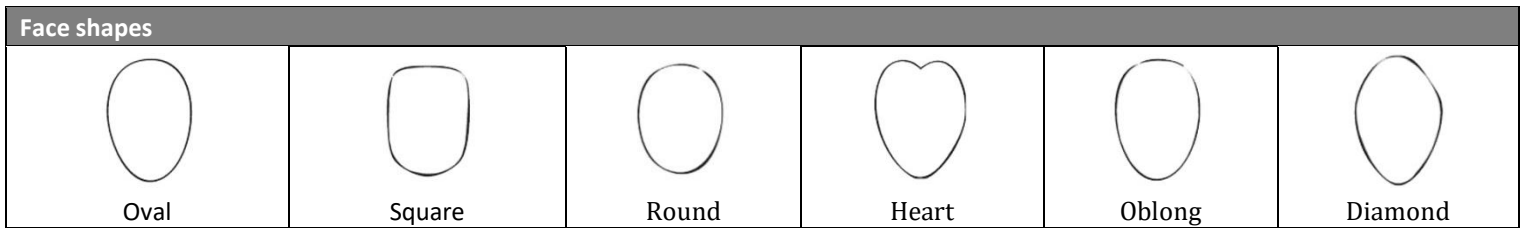
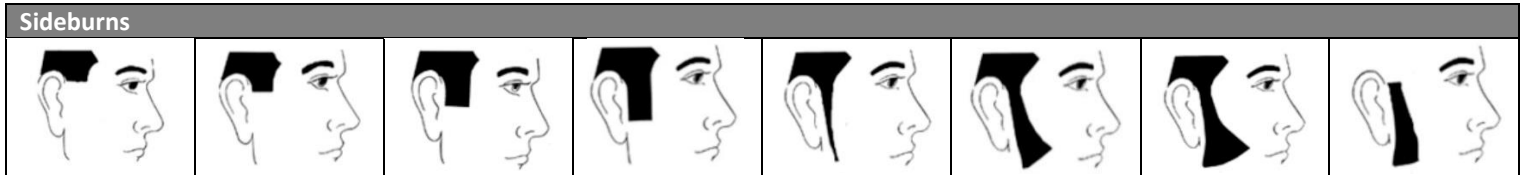
Hair classifications	Texture		
	1a Fine	1b Medium	1c Coarse
Type 1 – Straight hair	Straight <input type="checkbox"/>	Straight with volume <input type="checkbox"/>	Straight difficult hair <input type="checkbox"/>
Type 2 – Wavy hair	2a Fine 'S' pattern <input type="checkbox"/>	2b Medium Frizzy 'S' pattern <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"/>
Hair elasticity	Good	Average	Poor		
Hair porosity	Good	Average	Poor		
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"/>			

Hair cut type					
 Square	 Taper	 Round	 Fade	 Parting	 One length
 Graduation	 Square layer	 Uniform	 Flat top		

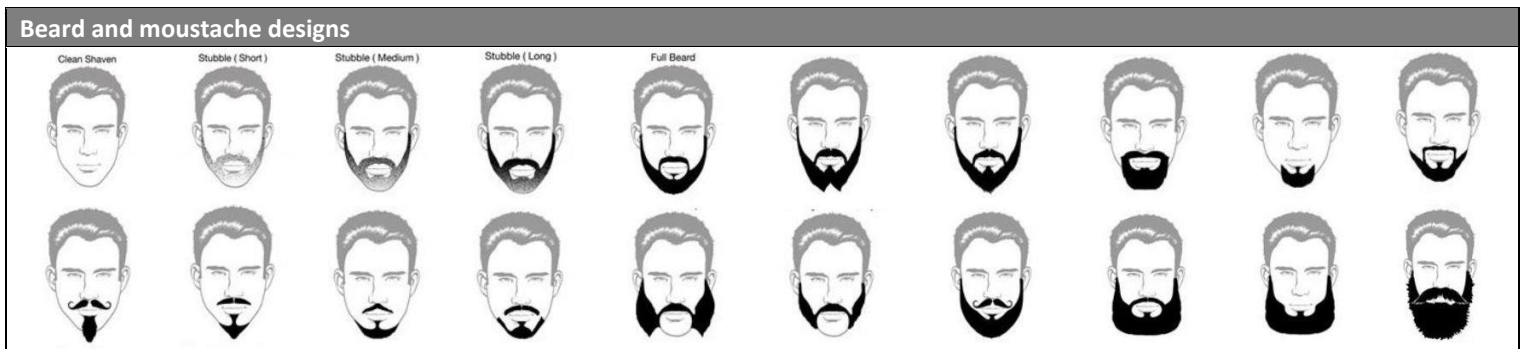
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Personal protective equipment

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"/>		



Will the contra-indications affect the service			Advice given/actions taken
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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"/>	
Scarring	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"/>	
Unusual features	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"/>	

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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 blade razor <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"/>
	Trimmers <input type="checkbox"/>	Wide tooth comb <input type="checkbox"/>	Other:		

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	Tonic <input type="checkbox"/>	Oils <input type="checkbox"/>	Styling powders <input type="checkbox"/>	Gels <input type="checkbox"/>	Creams <input type="checkbox"/>
	Sprays <input type="checkbox"/>	Wax <input type="checkbox"/>	Pomade <input type="checkbox"/>	Clay <input type="checkbox"/>	
Cutting	Tonic <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"/>	Eye brow 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"/>	Partial 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"/>	Clipper with attachment <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"/>	

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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"/>

Commercial timing for service(s)/adaptions

Apprentice signature:	
Client signature:	
Apprenticeship Assessor signature:	
Moderator signature:	