

Client Declaration Form

Beauty Professionals (Beauty Therapist)

The apprentice is required to complete a Client Declaration Form for each client within the End-point Assessment. The completed forms should be made available to the Apprenticeship Assessor. The centre must retain these records for 12 months.

Complete the sections of the Client Declaration Form that are applicable for the client.

Date of EPA:	
Planned treatments:	
Client initials:	
Apprentice name:	

Contra-indications

Contra-indications checklist					
Skin allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Broken bones	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Infections: Viral/Parasitic/Bacterial/Fungal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prescribed medication for medical conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Severe skin conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Severe nail separation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eye infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nail infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blepharitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ingrown toenail	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recent eye surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bunions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact lenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hammer toes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trichotillomania	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heat rash	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chemotherapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Moles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dry eye syndrome	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Infected ingrowing hairs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glaucoma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sunburn	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Styes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Skin tags	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Watery eyes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Thin and fragile skin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thyroid disturbance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Severe varicose veins	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Boils	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medication affecting skin, blood or immune system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acne	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Recent surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swelling/undiagnosed lumps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undergoing cancer treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skin irritation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pregnancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recent scar tissue	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Piercings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eczema/Psoriasis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cuts and abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bruising	Yes <input type="checkbox"/>	No <input type="checkbox"/>	History of thrombosis or embolisms	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Contra-indications checklist - continued					
Hypersensitive skin/Redness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	High or low blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hyperkeratosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diagnosed medical conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Warts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dysfunction of the nervous system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dermatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undergoing medical treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The purpose of checking for contra-indications is to ensure that there are no suspected diseases or disorders that would prevent or restrict the service/treatment. A visual inspection of the area to be treated should be completed as part of the client consultation.

I can confirm that the client has been orally questioned and that a visual inspection of the area to be treated has been conducted. There is no evidence of any suspected disease or disorder that would prevent the service/treatment.

Date of contra-indication check:	
Client signature:	
Apprentice signature:	

Skin Sensitivity Test (eyelash tint)

It is a legal obligation under Section 3 of the Health and Safety at Work Act to ensure that the client's safety is paramount and that clients receive the duty of care that they are entitled to. A skin sensitivity test following manufacturer's instructions, must be performed 24-48 hours prior to the eyelash tint.

As a client for an End-point Assessment, you are required to sign this disclaimer, confirming that the skin sensitivity test has been performed 24-48 hours prior to the eyelash tint and that you consent to being a client for an End-point Assessment.

You are required to sign to state that no evidence of irritation or allergy has been noted, following the skin sensitivity test.

Please note:

- If a skin sensitivity test is not carried out following the above procedures, the eyelash tint will not be permitted to go ahead
- Clients for the End-point Assessment must be over the age of 16

I can confirm that I am over 16 years old and that I have received a skin sensitivity test prior to the eyelash tint being performed in the End-point Assessment.

Date of skin sensitivity test:	
Client signature:	
Apprentice signature:	

Skin Sensitivity Test (temporary/semi-permanent eyelashes)

It is a legal obligation under Section 3 of the Health and Safety at Work Act to ensure that the client's safety is paramount and that clients receive the duty of care that they are entitled to. A skin sensitivity test following manufacturer's instructions, must be performed 24-48 hours prior to the application of temporary/semi-permanent eyelashes.

As a client for an End-point Assessment, you are required to sign this disclaimer, confirming that the skin sensitivity test has been performed 24-48 hours prior to the application of temporary/semi-permanent eyelashes and that you consent to being a client for an End-point Assessment.

You are required to sign to state that no evidence of irritation or allergy has been noted, following the skin sensitivity test.

Please note:

- If a skin sensitivity test is not carried out following the above procedures, the application of temporary/semi-permanent eyelashes will not be permitted to go ahead
- Clients for the End-point Assessment must be over the age of 16

I can confirm that I am over 16 years old and that I have received a skin sensitivity test prior to the application of temporary/semi-permanent eyelashes being performed in the End-point Assessment.

Date of skin sensitivity test:	
Client signature:	
Apprentice signature:	

Document amendment history page

Version	Document Owner	Issue Date	Changes	Role
v0.8	Assessment	04/12/2019	First draft for internal consultation	Subject Matter Expert - SS
v0.9	Assessment	09/12/2019	Formatting and branding	Qualifications Administrator
v0.10	Assessment	10/12/2019	Appraisal check	Qualifications Administrator
v0.11	Assessment	11/12/2019	Proof	Regulations Officer
v0.12	Assessment	12/12/2019	Final check	Subject Matter Expert - LMc
v1	Assessment	12/12/2019	First published	Qualifications Administrator

Document Review

Role	Review Status
Subject Matter Expert - LMc	Initial peer review

Document Owner

Document Owner	Document shared with
Assessment	

Document Sign-off

Role	Sign-off Date
Subject Matter Expert - LMc	12/12/2019