

# Client Declaration Form

## Beauty Professionals (Nail Services Technician)

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.**

**Please note:** *Clients for the End-point Assessment must be over the age of 16*

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

### Contra-indications

Contra-indications checklist					
Infections: Viral/Parasitic/Bacterial/Fungal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Thinning nails	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swelling/undiagnosed lumps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Severely bitten nails	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Redness/hypersensitive skin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skin allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Severe skin conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Recent surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eczema/Psoriasis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sunburn	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dermatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Recent scar tissue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nail infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cuts and abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Warts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bruising	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verrucas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Broken bones	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Severe nail separation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pregnancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ingrown toenail	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prescribed medication for medical conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bunions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undergoing medical treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hammer toes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undergoing cancer treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Corns	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diagnosed medical conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chilblains	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Loss of tactile sensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Damaged nails	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.

I can confirm that the client is over the age of 16.

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