

Customer Declaration Form

Beauty Professionals (Beauty and Make-up Consultant)

The apprentice is required to complete a Customer Declaration Form for 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 Customer Declaration Form that are applicable for the customer.

Date of EPA:	
Planned service:	
Customer initials:	
Apprentice name:	

Contra-indications

Contra-indications checklist					
Skin allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Recent scar tissue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Infections: Viral/Parasitic/Bacterial/Fungal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Eczema	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Severe skin conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dermatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eye infections e.g. Conjunctivitis/Styes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Psoriasis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recent eye surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact lenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trichotillomania	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Swelling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dry eye syndrome	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undiagnosed lumps	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Watery eyes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Broken bones	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cuts and abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prescribed medication for medical conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bruising	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nail infections e.g. paronychia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hypersensitive skin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Warts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sunburn/Skin irritation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Severe nail separation	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. A visual inspection of the area to be treated should be completed as part of the customer consultation.

I can confirm that the customer 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.

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

Skin Sensitivity Test (temporary eyelashes)

It is a legal obligation under Section 3 of the Health and Safety at Work Act to ensure that the customer’s safety is paramount and that customers receive the duty of care that they are entitled to. If temporary eyelashes are to be applied a skin sensitivity test following manufacturer’s instructions, must be performed 24-48 hours prior to the application of temporary eyelashes.

As a customer 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 eyelashes and that you consent to being a customer 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 eyelashes will not be permitted to go ahead
- Customers 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 eyelashes being performed in the End-point Assessment.

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

Document amendment history page

Version	Document Owner	Issue Date	Changes	Role
v0.4	Quality	24/07/2020	First draft for internal consultation	Subject Matter Expert - Beauty
v0.7	Quality	03/09/2020	Review	Subject Matter Expert
v0.8	Quality	07/09/2020	Formatting and branding	Qualifications Administrator
v0.9	Quality	07/09/2020	None	Regulation Officer
v0.10	Quality	08/09/2020	None Sign off	Quality Lead
v1	Quality	08/09/2020	First full version	Qualifications Administrator
v2	Quality	21/09/2020	Corrected typo in footer	Qualifications Administrator

Document Review

Role	Review Status
Quality Lead	Draft reviewed
Subject Matter Expert - Assessment SS	Reviewed

Document Owner

Document Owner	Document shared with
Quality	

Document Sign-off

Role	Sign-off Date
Quality Lead	08/09/2020