



Focus Awards Level 4 Certificate in Micropigmentation

603/3843/X

Logbook

FOCUS AWARDS 

Focus Awards Level 4 Certificate in Micropigmentation

Learner Name:

Registration Number:

Registration Date:

Centre Name:

Centre Contact Number:

Assessor Name:

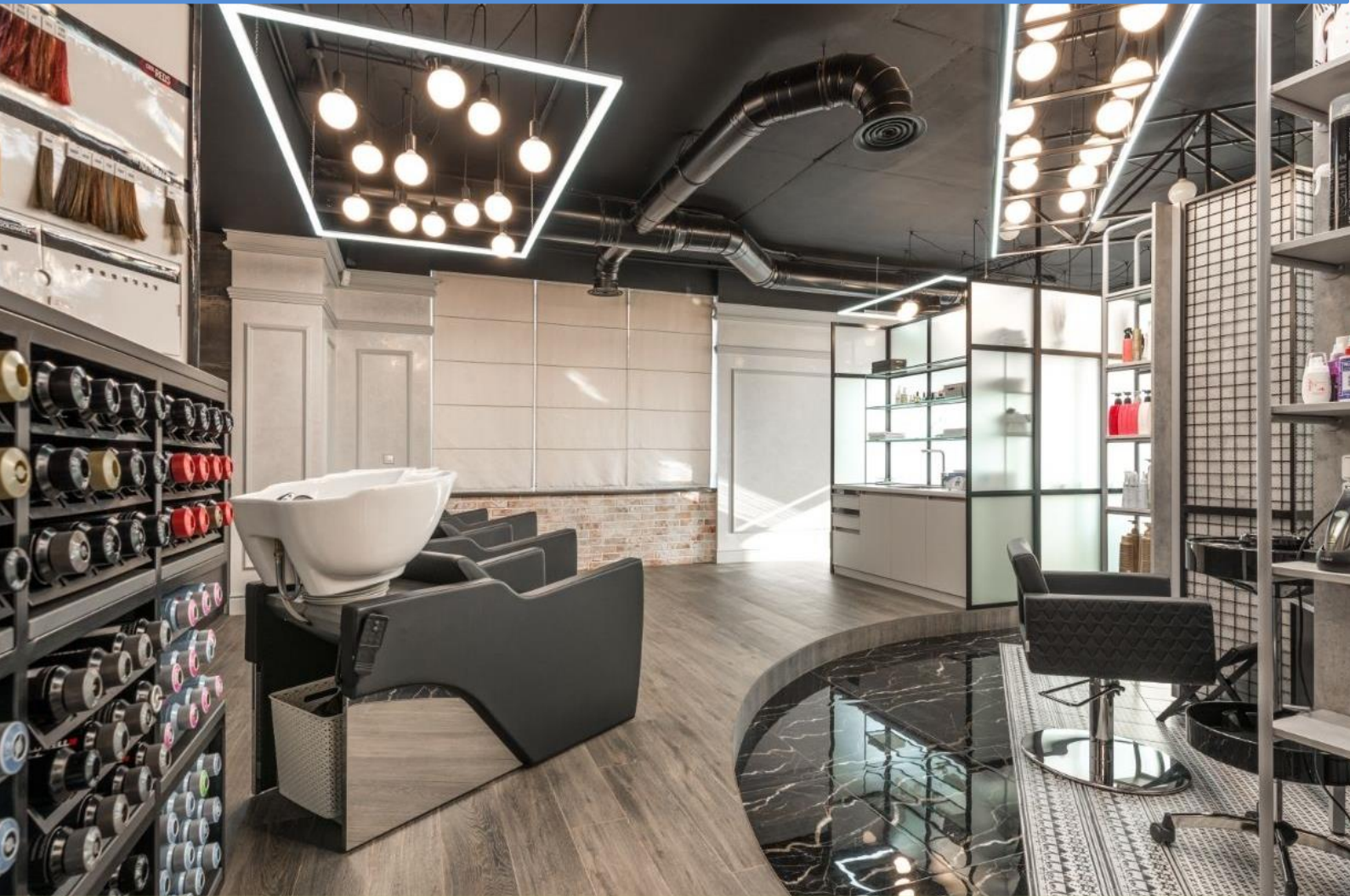
IQA Name:

EQA Name:

Summary of Achievement

Signing this summary of unit achievement, you are confirming that all the requirements for these units have been completed and that the evidence is authentic and has been obtained and certification is now requested.

Unit	Date Achieved	Learner Signature	Assessor Signature	IQA Signature
Management of health, safety and security in the salon				
Quality management of client care in the hair and beauty sector				
Enhance appearance using micropigmentation treatment				



Management of health, safety and security in the salon

A/617/0936

Management of health, safety and security in the salon - A/617/0936

Observation Form

	Observation 1	Observation 2	Extra Observation
Date:			
Conduct a risk assessment of health, safety and security practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct an assessment of the effectiveness of health, safety and security practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend modifications to existing health, safety and security practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement new health, safety and security practices based on outcomes of the assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage improvements to increase compliance with health, safety and security practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner Signature:			
Assessor Signature:			
IQA Signature:			

Observation 1 Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

Observation 2 Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

If Required:

Extra Observation Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

Evidence Log

Evidence	1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	2.3	2.4	2.5
Observation 1	X	X	X	X					X			
Observation 2	X	X	X	X					X			

**if an extra observation is completed, please add to the evidence log.

Please list and attach supporting documents as additional evidence:
(consultation form etc)

I confirm that the evidence provided is a result of my own work:

Signature of learner:

Date:

I confirm that the learner has demonstrated competence by satisfying all of the learning outcomes and assessment criteria for this unit:

Signature of assessor:

Date:

Signature of IQA:

Date

Unit Guidance

Management of health, safety and security in the salon needs to be observed a minimum of 2 times to show consistency over time.

The observations can be:

- Completed whilst observing other units

Observations should be:

- Completed on different Dates



Quality management of client care in the hair and beauty sector

A/617/0936

Quality management of client care in the hair and beauty sector - K/617/3492

Observation Form

	Observation 1	Extra Observation	Extra Observation
Date:			
Conduct a client satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend approaches to or ways of improving the client service experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage staff in consultation necessary for effective implementation of a quality scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner Signature:			
Assessor Signature:			
IQA Signature:			

Observation 1 Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

If Required:

Extra Observation Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

Extra Observation Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

Evidence Log

Evidence	1.1	1.2	2.1	2.2
Observation 1		X	X	X

**if an extra observation is completed, please add to the evidence log.

Please list and attach supporting documents as additional evidence:
(consultation form etc)

I confirm that the evidence provided is a result of my own work:

Signature of learner:

Date:

I confirm that the learner has demonstrated competence by satisfying all of the learning outcomes and assessment criteria for this unit:

Signature of assessor:

Date:

Signature of IQA:

Date

Unit Guidance

Quality management of client care in the hair and beauty Sector needs to be observed a minimum of 1 time.

The observations can be:

- Completed whilst observing other units



Enhance appearance using micropigmentation treatment

H/617/3491

Enhance appearance using micropigmentation treatment - H/617/3491

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Prepare self, client and work area for micropigmentation treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use suitable consultation techniques to identify treatment objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out skin analysis and any relevant tests to identify any influencing factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide clear recommendations to the client based on outcomes of skin analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select products, tools and equipment to suit client treatment needs, skin type and conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select personal protective equipment that should be worn by client and self during micropigmentation treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate and behave in a professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow health and safety working practices in line with organisational and legislative procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Position self and client correctly throughout the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use products, tools, equipment and techniques to suit client's treatment needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapt micropigmentation treatment to suit client needs and skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete the treatment to the satisfaction of the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record and evaluate the results of the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide suitable aftercare advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learner Signature:				
Assessor Signature:				
IQA Signature:				

Clients

All **must** to be covered.

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
New	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male or Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultation Techniques

All consultation techniques need to be covered.

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Questioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checks

All must be covered.

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Skin Sensitivity Test Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Skin Check and Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Objectives

All must be covered.

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Colouring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defining natural features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving and shaping features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment Area

*A minimum of **four** must be covered.*

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Eyebrows with existing hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyebrows with no hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyelids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area of the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pigments

All must be covered.

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Organic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inorganic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Needles

All must be covered.

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Flat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cluster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Techniques

All must be covered

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Strokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pointillism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment Effect

All must be covered.

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Hair Strokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powder Eyebrows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lip Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lip Shading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyeliner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyelash Enhancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specifications

All must be covered.

Observation Form	Observation 1	Observation 2	Observation 3	Extra Observation
Date:				
Any Modifications to Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homecare Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observation 1 Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

Observation 2 Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

Observation 3 Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

If Required:

Extra Observation Comments:			
Assessor Signature:		Learner Signature:	
IQA Sample Comments:			
IQA Date:		IQA Signature:	

Evidence Log

Evidence	1.1	1.2	1.3	1.4	1.5	1.6	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8
Observation 1	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Observation 2	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Observation 3	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Evidence	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.12	3.13	4.1

Evidence	4.2	4.3	4.4	4.5	4.6	4.7	4.8	5.1	5.2	5.3	5.4	5.5	5.6

**if an extra observation is completed, please add to the evidence log.

Please list and attach supporting documents as additional evidence:
(consultation form etc)

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I confirm that the evidence provided is a result of my own work:

Signature of learner:

Date:

I confirm that the learner has demonstrated competence by satisfying all of the learning outcomes and assessment criteria for this unit:

Signature of assessor:

Date:

Signature of IQA:

Date:

Unit Guidance

Enhance appearance using micropigmentation treatment needs to be observed a minimum of 3 times to show consistency over time.

The observations can be:

- Completed whilst observing other units

Observations should be:

- Completed on different Dates

Range to be covered:

Clients – All must be covered.

- New
- Existing
- Male or Female

Consultation Techniques – All must to be covered:

- Questioning
- Visual
- Manual
- Listening
- Written

Checks - All must be covered.

- Skin Sensitivity Test Completed
- Advanced Skin Check and Assessment

Objectives - All must be covered.

- Colouring
- Defining natural features
- Improving and shaping features

Treatment Area - A minimum of 4 must be covered.

- Eyebrows with existing hair
- Eyebrows with no hair
- Eyelids
- Lips
- Area of the body

Pigments - All must be covered.

- Organic
- Inorganic

Equipment - All must be covered.

- Flat
- Magnum
- Cluster
- Single
- Sloped

Actions – A minimum of 1 needs to be covered the remaining to be orally questioned.

- Strokes
- Shading
- Pointillism

Specifications – All must be covered.

- Any Modifications to Treatment
- Needle Removal
- Needle Disposal
- Homecare Advice
- Future Treatments
- Additional Information

Treatment Effect - All must be covered.

- Hair Strokes
- Powder Eyebrows
- Lip Liner
- Lip Shading
- Eyeliner
- Eyelash Enhancement

Specifications – All must be covered.

- Any Modifications to Treatment
- Needle Removal
- Needle Disposal
- Homecare Advice
- Future Treatments
- Additional Information

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