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| **Student name** |  | **Start Date:** |  | **Finish Date:** |  |  |  |
| **Training plan signed** | **Orientation summary signed** | **LLN Completed** | **Engagement activity Prerequisite** | **Engagement activity Term 1** | **Engagement activity Term 2** | **Engagement activity Term 3** |  |

**Highlight and date the above when implemented**

**Grey out and add date when assessment is completed below**

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| **Assessment** | **Prac1** | **Prac 2** | **Prac 3** | **Prac 4** | **Theory** |  |  | **Assessment** | **Prac 1** | **Prac 2** | **Prac 3** | **Prac 4** | **Prac 5** | **Prac 6** | **Theory** |  |  |
| **SHBBMUP009**  **Design and apply makeup** |  |  |  |  |  |  |  | **SHBXCCS008 Provide salon services to clients** |  |  |  |  |  |  |  |  |  |
|  | **Prac 1** | **Prac 2** | **Prac 3** | **Prac 4** | **Prac 5** | **Prac 6** | **Theory** |  | **Prac 1** | **Prac 2** | **Prac 3** | **Theory** | **20’s-2000’s** | **Entertainment** |  |  |  |
| **SHBXWHS003**  **Apply safe hygiene, health, and work practices** |  |  |  |  |  |  |  | **SHBBMUP013 Design and apply creative make-up** |  |  |  |  |  |  |  |  |  |
|  | **Prac 1** | **Prac 2** | **Prac 3** | **Prac 4** | **Prac 5** |  |  |  | **Prac 1** | **Prac 2** | **Prac 3** |  |  |  |  |  |  |
| **SHBBMUP011 Design and apply remedial camouflage makeup** |  |  |  |  |  |  |  | **SHBBMUP010 Design and apply make-up for photography** |  |  |  |  |  |  |  |  |  |
|  | **Prac 1** | **Theory** |  |  |  |  |  |  | **Prac 1** | **Prac 2** | **Theory** |  |  |  |  |  |  |
| **SIRXOSM002 Maintain ethical and professional standards when using social media and online platforms** |  |  |  |  |  |  |  | **SHBBMUP014 Work collaboratively on makeup productions** |  |  |  |  |  |  |  |  |  |
|  | **Prac 1** | **Theory** |  |  |  |  |  |  | **Prac 1** | **Prac 2** | **Prac 3** | **Prac 4** | **Prac 5** | **Theory** |  |  |  |
| **SHBBINF002 Maintain infection control standards** |  |  |  |  |  |  |  | **SHBBMUP012 Apply airbrushed make-up** |  |  |  |  |  |  |  |  |  |
|  | **Prac 1** | **Prac 2** | **Prac 3** | **Prac 4** | **Prac 5** | **Prac 6** | **Theory** |  | **Prac 1** | **Prac 2** | **Prac 3** | **Prac 4** | **Prac 5** | **Theory** |  |  |  |
| **SHBBCCS005 Advise on beauty products and services** |  |  |  |  |  |  |  | **SHBBMUP008 Apply eyelash extensions** |  |  |  |  |  |  |  |  |  |
|  | **Prac 1** | **Theory** |  |  |  |  |  |  | **Prac 1** | **Prac 2** | **Prac 3** | **Prac 4** | **Prac 5** | **Prac 6** | **Prac 7** | **Prac 8** | **Theory** |
| **SHBBRES003 Research and apply beauty industry information** |  |  |  |  |  |  |  | **SHBBFAS004 Provide lash and brow services** |  |  |  |  |  |  |  |  |  |
|  | **Prac 1** | **Prac 2** | **Prac 3** | **Prac 4** | **Theory** |  |  |  | **Social media** | **Invoice** | **Business plan** | **Self-promo** | **Theory** |  |  |  |  |
| **SHBXIND003 Comply with organisational requirements within a personal services environment** |  |  |  |  |  |  |  | **CUAIND412 Provide freelance services** |  |  |  |  |  |  |  |  |  |
|  | **1-4** | **5-7** | **Theory** |  |  |  |  |  | **Prac 1** | **Prac 2** | **Portfolio Images** | **Theory** |  |  |  |  |  |
| **SHBXCCS007 conduct Salon Financial Transactions** |  |  |  |  |  |  |  | **CUAMUP413 Style Hair for Productions** |  |  |  |  |  |  |  |  |  |
|  | **Prac 1 Analyse** | **Prac 2 Marketing** | **Prac 3 Strategy** | **Prac 4 performance** | **Prac 5 Skills 1** | **Prac 6 Skills 2** | **Theory** |  | **Prac 1** | **Prac 2** | **Prac 3** | **Prac 4** | **Prac 5** | **Prac 6** | **Theory** |  |  |
| **BSBRESB404 market New Business Venture** |  |  |  |  |  |  |  | **SHBHDES004 Create Classic Long hair Up-styles** |  |  |  |  |  |  |  |  |  |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Design and Apply Makeup  Design and Apply Remedial Camouflage Makeup  Apply Safe, Health, Hygiene and Work Practices | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | | |
| **Assessment:** | **Practical 1 Natural**  Practical 1 Design and apply Makeup  Practical 1 Design and Apply remedial camouflage makeup (Blemishes)  Practical 1 Apply Safe, Health, Hygiene and Work Practices  Practical 1 Comply with Organisational Requirements | | | | | **Practical 2 Corporate**  Practical 2 Design and apply Makeup  Practical 2 Design and Apply remedial camouflage makeup (Discolouration)  Practical 2 Apply Safe, Health, Hygiene and Work Practices  Practical 2 Comply with Organisational Requirements | | | | | **Practical 3 Smokey Eyes**  Practical 3 Design and apply Makeup  Practical 3 Design and Apply remedial camouflage makeup (Rosacea)  Practical 3 Apply Safe, Health, Hygiene and Work Practices | | | | | |
|  | **Practical 4 Glamour Eyes**  Practical 4 Design and apply Makeup  Practical 4 Design and Apply remedial camouflage makeup (Dark Under Eyes)  Practical 4 Apply Safe, Health, Hygiene and Work Practices | | | | | | | | | **Practical 5 Tattoo Cover**  Practical 5 Design and Apply remedial camouflage makeup (Tattoo cover)  Practical 5 Apply Safe, Health, Hygiene and Work Practices | | | | | | |
| **Criteria** | |  | | **Comments** | | | **Fix completed Y or N** | | **Criteria** | | |  | | **Comments** | | **Fix completed Y or N** |
| **Set up**  Professional | | Yes | No |  | | |  | | **Blush**  Correct Colour/Correct Position | | | Yes | No |  | |  |
| **Brushes**  Clean/Sanitised | | Yes | No |  | | |  | | **Cream Liner**  Correct colour/Placement | | | Yes | No |  | |  |
| **Charts**  Attached to mirror | | Yes | No |  | | |  | | **Gloss**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No |  | | |  | | **Lip liner**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Model Caped** | | Yes | No |  | | |  | | **Lipstick**  Correct Colour/Shape /Placement | | | Yes | No |  | |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No |  | | |  | | **Individual Lashes**  Applied well/Correct Placement | | | Yes | No |  | |  |
| **Blending**  Down the Neck, and Ears | | Yes | No |  | | |  | | **Bar lashes**  Applied well/correct Placement | | | Yes | No |  | |  |
| **Concealing**  Correct Colour/Blended | | Yes | No |  | | |  | | **Final Makeup Suited brief** | | | Yes | No |  | |  |
| **Powder (if necessary)**  T-Zone | | Yes | No |  | | |  | | **Rosacea**  Concealed | | | Yes | No |  | |  |
| **Contour**  Correct Colour/Placement | | Yes | No |  | | |  | | **Discolouration**  Concealed | | | Yes | No |  | |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No |  | | |  | | **Blemishes**  Concealed | | | Yes | No |  | |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No |  | | |  | | **Dark Under Eyes**  Concealed | | | Yes | No |  | |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No |  | | |  | | **Tattoo Cover**  Correct use of products  Blended in and disguised area | | | Yes | No |  |  | |
| **Mascara**  Correct Colour/No Clumps | | Yes | No |  | | |  | | **Apply safe, Health and work Practices** | | | Yes | No |  | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No |  | | |  | | **Resit Needed:** Yes or No  **Resit Reason**: | | | | | | | |
| **Student participated in cleaning of equipment, products & room** | | Yes | No | |  | |  | | **Date of Resit**: | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Design and Apply Makeup  Design and Apply Remedial Camouflage Makeup  Apply Safe, Health, Hygiene and Work Practices | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | | |
| **Assessment:** | **Practical 1 Natural**  Practical 1 Design and apply Makeup  Practical 1 Design and Apply remedial camouflage makeup (Blemishes)  Practical 1 Apply Safe, Health, Hygiene and Work Practices  Practical 1 Comply with Organisational Requirements | | | | | **Practical 2 Corporate**  Practical 2 Design and apply Makeup  Practical 2 Design and Apply remedial camouflage makeup (Discolouration)  Practical 2 Apply Safe, Health, Hygiene and Work Practices  Practical 2 Comply with Organisational Requirements | | | | | **Practical 3 Smokey Eyes**  Practical 3 Design and apply Makeup  Practical 3 Design and Apply remedial camouflage makeup (Rosacea)  Practical 3 Apply Safe, Health, Hygiene and Work Practices | | | | | |
|  | **Practical 4 Glamour Eyes**  Practical 4 Design and apply Makeup  Practical 4 Design and Apply remedial camouflage makeup (Dark Under Eyes)  Practical 4 Apply Safe, Health, Hygiene and Work Practices | | | | | | | | | **Practical 5 Tattoo Cover**  Practical 5 Design and Apply remedial camouflage makeup (Tattoo cover)  Practical 5 Apply Safe, Health, Hygiene and Work Practices | | | | | | |
| **Criteria** | |  | | **Comments** | | | **Fix completed Y or N** | | **Criteria** | | |  | | **Comments** | | **Fix completed Y or N** |
| **Set up**  Professional | | Yes | No |  | | |  | | **Blush**  Correct Colour/Correct Position | | | Yes | No |  | |  |
| **Brushes**  Clean/Sanitised | | Yes | No |  | | |  | | **Cream Liner**  Correct colour/Placement | | | Yes | No |  | |  |
| **Charts**  Attached to mirror | | Yes | No |  | | |  | | **Gloss**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No |  | | |  | | **Lip liner**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Model Caped** | | Yes | No |  | | |  | | **Lipstick**  Correct Colour/Shape /Placement | | | Yes | No |  | |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No |  | | |  | | **Individual Lashes**  Applied well/Correct Placement | | | Yes | No |  | |  |
| **Blending**  Down the Neck, and Ears | | Yes | No |  | | |  | | **Bar lashes**  Applied well/correct Placement | | | Yes | No |  | |  |
| **Concealing**  Correct Colour/Blended | | Yes | No |  | | |  | | **Final Makeup Suited brief** | | | Yes | No |  | |  |
| **Powder (if necessary)**  T-Zone | | Yes | No |  | | |  | | **Rosacea**  Concealed | | | Yes | No |  | |  |
| **Contour**  Correct Colour/Placement | | Yes | No |  | | |  | | **Discolouration**  Concealed | | | Yes | No |  | |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No |  | | |  | | **Blemishes**  Concealed | | | Yes | No |  | |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No |  | | |  | | **Dark Under Eyes**  Concealed | | | Yes | No |  | |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No |  | | |  | | **Tattoo Cover**  Correct use of products  Blended in and disguised area | | | Yes | No |  |  | |
| **Mascara**  Correct Colour/No Clumps | | Yes | No |  | | |  | | **Apply safe, Health and work Practices** | | | Yes | No |  | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No |  | | |  | | **Resit Needed:** Yes or No  **Resit Reason**: | | | | | | | |
| **Student participated in cleaning of equipment, products & room** | | Yes | No | |  | |  | | **Date of Resit**: | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Design and Apply Makeup  Design and Apply Remedial Camouflage Makeup  Apply Safe, Health, Hygiene and Work Practices | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | | |
| **Assessment:** | **Practical 1 Natural**  Practical 1 Design and apply Makeup  Practical 1 Design and Apply remedial camouflage makeup (Blemishes)  Practical 1 Apply Safe, Health, Hygiene and Work Practices  Practical 1 Comply with Organisational Requirements | | | | | **Practical 2 Corporate**  Practical 2 Design and apply Makeup  Practical 2 Design and Apply remedial camouflage makeup (Discolouration)  Practical 2 Apply Safe, Health, Hygiene and Work Practices  Practical 2 Comply with Organisational Requirements | | | | | **Practical 3 Smokey Eyes**  Practical 3 Design and apply Makeup  Practical 3 Design and Apply remedial camouflage makeup (Rosacea)  Practical 3 Apply Safe, Health, Hygiene and Work Practices | | | | | |
|  | **Practical 4 Glamour Eyes**  Practical 4 Design and apply Makeup  Practical 4 Design and Apply remedial camouflage makeup (Dark Under Eyes)  Practical 4 Apply Safe, Health, Hygiene and Work Practices | | | | | | | | | **Practical 5 Tattoo Cover**  Practical 5 Design and Apply remedial camouflage makeup (Tattoo cover)  Practical 5 Apply Safe, Health, Hygiene and Work Practices | | | | | | |
| **Criteria** | |  | | **Comments** | | | **Fix completed Y or N** | | **Criteria** | | |  | | **Comments** | | **Fix completed Y or N** |
| **Set up**  Professional | | Yes | No |  | | |  | | **Blush**  Correct Colour/Correct Position | | | Yes | No |  | |  |
| **Brushes**  Clean/Sanitised | | Yes | No |  | | |  | | **Cream Liner**  Correct colour/Placement | | | Yes | No |  | |  |
| **Charts**  Attached to mirror | | Yes | No |  | | |  | | **Gloss**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No |  | | |  | | **Lip liner**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Model Caped** | | Yes | No |  | | |  | | **Lipstick**  Correct Colour/Shape /Placement | | | Yes | No |  | |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No |  | | |  | | **Individual Lashes**  Applied well/Correct Placement | | | Yes | No |  | |  |
| **Blending**  Down the Neck, and Ears | | Yes | No |  | | |  | | **Bar lashes**  Applied well/correct Placement | | | Yes | No |  | |  |
| **Concealing**  Correct Colour/Blended | | Yes | No |  | | |  | | **Final Makeup Suited brief** | | | Yes | No |  | |  |
| **Powder (if necessary)**  T-Zone | | Yes | No |  | | |  | | **Rosacea**  Concealed | | | Yes | No |  | |  |
| **Contour**  Correct Colour/Placement | | Yes | No |  | | |  | | **Discolouration**  Concealed | | | Yes | No |  | |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No |  | | |  | | **Blemishes**  Concealed | | | Yes | No |  | |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No |  | | |  | | **Dark Under Eyes**  Concealed | | | Yes | No |  | |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No |  | | |  | | **Tattoo Cover**  Correct use of products  Blended in and disguised area | | | Yes | No |  |  | |
| **Mascara**  Correct Colour/No Clumps | | Yes | No |  | | |  | | **Apply safe, Health and work Practices** | | | Yes | No |  | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No |  | | |  | | **Resit Needed:** Yes or No  **Resit Reason**: | | | | | | | |
| **Student participated in cleaning of equipment, products & room** | | Yes | No | |  | |  | | **Date of Resit**: | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Design and Apply Makeup  Design and Apply Remedial Camouflage Makeup  Apply Safe, Health, Hygiene and Work Practices | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | | |
| **Assessment:** | **Practical 1 Natural**  Practical 1 Design and apply Makeup  Practical 1 Design and Apply remedial camouflage makeup (Blemishes)  Practical 1 Apply Safe, Health, Hygiene and Work Practices  Practical 1 Comply with Organisational Requirements | | | | | **Practical 2 Corporate**  Practical 2 Design and apply Makeup  Practical 2 Design and Apply remedial camouflage makeup (Discolouration)  Practical 2 Apply Safe, Health, Hygiene and Work Practices  Practical 2 Comply with Organisational Requirements | | | | | **Practical 3 Smokey Eyes**  Practical 3 Design and apply Makeup  Practical 3 Design and Apply remedial camouflage makeup (Rosacea)  Practical 3 Apply Safe, Health, Hygiene and Work Practices | | | | | |
|  | **Practical 4 Glamour Eyes**  Practical 4 Design and apply Makeup  Practical 4 Design and Apply remedial camouflage makeup (Dark Under Eyes)  Practical 4 Apply Safe, Health, Hygiene and Work Practices | | | | | | | | | **Practical 5 Tattoo Cover**  Practical 5 Design and Apply remedial camouflage makeup (Tattoo cover)  Practical 5 Apply Safe, Health, Hygiene and Work Practices | | | | | | |
| **Criteria** | |  | | **Comments** | | | **Fix completed Y or N** | | **Criteria** | | |  | | **Comments** | | **Fix completed Y or N** |
| **Set up**  Professional | | Yes | No |  | | |  | | **Blush**  Correct Colour/Correct Position | | | Yes | No |  | |  |
| **Brushes**  Clean/Sanitised | | Yes | No |  | | |  | | **Cream Liner**  Correct colour/Placement | | | Yes | No |  | |  |
| **Charts**  Attached to mirror | | Yes | No |  | | |  | | **Gloss**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No |  | | |  | | **Lip liner**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Model Caped** | | Yes | No |  | | |  | | **Lipstick**  Correct Colour/Shape /Placement | | | Yes | No |  | |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No |  | | |  | | **Individual Lashes**  Applied well/Correct Placement | | | Yes | No |  | |  |
| **Blending**  Down the Neck, and Ears | | Yes | No |  | | |  | | **Bar lashes**  Applied well/correct Placement | | | Yes | No |  | |  |
| **Concealing**  Correct Colour/Blended | | Yes | No |  | | |  | | **Final Makeup Suited brief** | | | Yes | No |  | |  |
| **Powder (if necessary)**  T-Zone | | Yes | No |  | | |  | | **Rosacea**  Concealed | | | Yes | No |  | |  |
| **Contour**  Correct Colour/Placement | | Yes | No |  | | |  | | **Discolouration**  Concealed | | | Yes | No |  | |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No |  | | |  | | **Blemishes**  Concealed | | | Yes | No |  | |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No |  | | |  | | **Dark Under Eyes**  Concealed | | | Yes | No |  | |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No |  | | |  | | **Tattoo Cover**  Correct use of products  Blended in and disguised area | | | Yes | No |  |  | |
| **Mascara**  Correct Colour/No Clumps | | Yes | No |  | | |  | | **Apply safe, Health and work Practices** | | | Yes | No |  | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No |  | | |  | | **Resit Needed:** Yes or No  **Resit Reason**: | | | | | | | |
| **Student participated in cleaning of equipment, products & room** | | Yes | No | |  | |  | | **Date of Resit**: | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Design and Apply Makeup  Design and Apply Remedial Camouflage Makeup  Apply Safe, Health, Hygiene and Work Practices | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | | |
| **Assessment:** | **Practical 1 Natural**  Practical 1 Design and apply Makeup  Practical 1 Design and Apply remedial camouflage makeup (Blemishes)  Practical 1 Apply Safe, Health, Hygiene and Work Practices  Practical 1 Comply with Organisational Requirements | | | | | **Practical 2 Corporate**  Practical 2 Design and apply Makeup  Practical 2 Design and Apply remedial camouflage makeup (Discolouration)  Practical 2 Apply Safe, Health, Hygiene and Work Practices  Practical 2 Comply with Organisational Requirements | | | | | **Practical 3 Smokey Eyes**  Practical 3 Design and apply Makeup  Practical 3 Design and Apply remedial camouflage makeup (Rosacea)  Practical 3 Apply Safe, Health, Hygiene and Work Practices | | | | | |
|  | **Practical 4 Glamour Eyes**  Practical 4 Design and apply Makeup  Practical 4 Design and Apply remedial camouflage makeup (Dark Under Eyes)  Practical 4 Apply Safe, Health, Hygiene and Work Practices | | | | | | | | | **Practical 5 Tattoo Cover**  Practical 5 Design and Apply remedial camouflage makeup (Tattoo cover)  Practical 5 Apply Safe, Health, Hygiene and Work Practices | | | | | | |
| **Criteria** | |  | | **Comments** | | | **Fix completed Y or N** | | **Criteria** | | |  | | **Comments** | | **Fix completed Y or N** |
| **Set up**  Professional | | Yes | No |  | | |  | | **Blush**  Correct Colour/Correct Position | | | Yes | No |  | |  |
| **Brushes**  Clean/Sanitised | | Yes | No |  | | |  | | **Cream Liner**  Correct colour/Placement | | | Yes | No |  | |  |
| **Charts**  Attached to mirror | | Yes | No |  | | |  | | **Gloss**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No |  | | |  | | **Lip liner**  Correct Colour/Placement | | | Yes | No |  | |  |
| **Model Caped** | | Yes | No |  | | |  | | **Lipstick**  Correct Colour/Shape /Placement | | | Yes | No |  | |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No |  | | |  | | **Individual Lashes**  Applied well/Correct Placement | | | Yes | No |  | |  |
| **Blending**  Down the Neck, and Ears | | Yes | No |  | | |  | | **Bar lashes**  Applied well/correct Placement | | | Yes | No |  | |  |
| **Concealing**  Correct Colour/Blended | | Yes | No |  | | |  | | **Final Makeup Suited brief** | | | Yes | No |  | |  |
| **Powder (if necessary)**  T-Zone | | Yes | No |  | | |  | | **Rosacea**  Concealed | | | Yes | No |  | |  |
| **Contour**  Correct Colour/Placement | | Yes | No |  | | |  | | **Discolouration**  Concealed | | | Yes | No |  | |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No |  | | |  | | **Blemishes**  Concealed | | | Yes | No |  | |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No |  | | |  | | **Dark Under Eyes**  Concealed | | | Yes | No |  | |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No |  | | |  | | **Tattoo Cover**  Correct use of products  Blended in and disguised area | | | Yes | No |  |  | |
| **Mascara**  Correct Colour/No Clumps | | Yes | No |  | | |  | | **Apply safe, Health and work Practices** | | | Yes | No |  | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No |  | | |  | | **Resit Needed:** Yes or No  **Resit Reason**: | | | | | | | |
| **Student participated in cleaning of equipment, products & room** | | Yes | No | |  | |  | | **Date of Resit**: | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Design and Apply Makeup for Photography  Design and Apply creative Makeup | | | | | | **Assessors name:**  **Date:** | | **Student Name:** | | | |
| **Assessment:** | **Fashion-Artificial Light**  Practical 1 Creative  Practical 1 Photographic | | | **Avante-Guard-Film-Studio Lighting**  Practical 2 Creative  Practical 2 Photographic | | **Fantasy-Catwalk-Natural Lighting**  Practical 3 Creative  Practical 3 Photographic | | **Highlight assessment being attempted** | | | |
| **Criteria** | |  | | | **Comments** | **Fix completed**  **Y or N** | **Criteria** |  | | **Comments** | **Fix completed**  **Y or N** |
| **Set up**  Professional | | Yes | No | |  |  | **Blush**  Correct Colour/Correct Position | Yes | No |  |  |
| **Brushes**  Clean/Sanitised | | Yes | No | |  |  | **Cream Liner**  Correct colour/Placement | Yes | No |  |  |
| **Charts**  Attached to mirror | | Yes | No | |  |  | **Gloss**  Correct Colour/Placement | Yes | No |  |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No | |  |  | **Lip liner**  Correct Colour/Placement | Yes | No |  |  |
| **Model Caped** | | Yes | No | |  |  | **Lipstick**  Correct Colour/Shape /Placement | Yes | No |  |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No | |  |  | **Individual Lashes**  Applied well/Correct Placement | Yes | No |  |  |
| **Blending**  Down the Neck, and Ears | | Yes | No | |  |  | **Bar lashes**  Applied well/correct Placement | Yes | No |  |  |
| **Concealing**  Correct Colour/Blended | | Yes | No | |  |  | **Final Makeup Suited brief** | Yes | No |  |  |
| **Powder (if necessary)**  T-Zone | | Yes | No | |  |  | **Studio Lighting**  Makeup was suitable | Yes | No |  |  |
| **Contour**  Correct Colour/Placement | | Yes | No | |  |  | **Natural Lighting**  Makeup was suitable | Yes | No |  |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No | |  |  | **Costume**  Suited brief | Yes | No |  |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No | |  |  | **Hair Style**  Suited brief | Yes | No |  |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No | |  |  | **Apply safe, Health and work practices** | Yes | No |  |  |
| **Mascara**  Correct Colour/No Clumps | | Yes | No | |  |  |  | | | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No | |  |  | **Resit Needed:** Yes or No  **Resit Reason**: | | | | |
| **Student participated in cleaning of equipment, products & room** | | Yes | No | |  |  | **Date of Resit**: | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Design and Apply Makeup for Photography  Design and Apply creative Makeup | | | | | | **Assessors name:**  **Date:** | | **Student Name:** | | | |
| **Assessment:** | **Fashion-Artificial Light**  Practical 1 Creative  Practical 1 Photographic | | | **Avante-Guard-Film-Studio Lighting**  Practical 2 Creative  Practical 2 Photographic | | **Fantasy-Catwalk-Natural Lighting**  Practical 3 Creative  Practical 3 Photographic | | **Highlight assessment being attempted** | | | |
| **Criteria** | |  | | | **Comments** | **Fix completed**  **Y or N** | **Criteria** |  | | **Comments** | **Fix completed**  **Y or N** |
| **Set up**  Professional | | Yes | No | |  |  | **Blush**  Correct Colour/Correct Position | Yes | No |  |  |
| **Brushes**  Clean/Sanitised | | Yes | No | |  |  | **Cream Liner**  Correct colour/Placement | Yes | No |  |  |
| **Charts**  Attached to mirror | | Yes | No | |  |  | **Gloss**  Correct Colour/Placement | Yes | No |  |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No | |  |  | **Lip liner**  Correct Colour/Placement | Yes | No |  |  |
| **Model Caped** | | Yes | No | |  |  | **Lipstick**  Correct Colour/Shape /Placement | Yes | No |  |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No | |  |  | **Individual Lashes**  Applied well/Correct Placement | Yes | No |  |  |
| **Blending**  Down the Neck, and Ears | | Yes | No | |  |  | **Bar lashes**  Applied well/correct Placement | Yes | No |  |  |
| **Concealing**  Correct Colour/Blended | | Yes | No | |  |  | **Final Makeup Suited brief** | Yes | No |  |  |
| **Powder (if necessary)**  T-Zone | | Yes | No | |  |  | **Studio Lighting**  Makeup was suitable | Yes | No |  |  |
| **Contour**  Correct Colour/Placement | | Yes | No | |  |  | **Natural Lighting**  Makeup was suitable | Yes | No |  |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No | |  |  | **Costume**  Suited brief | Yes | No |  |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No | |  |  | **Hair Style**  Suited brief | Yes | No |  |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No | |  |  | **Apply safe, Health and work practices** | Yes | No |  |  |
| **Mascara**  Correct Colour/No Clumps | | Yes | No | |  |  |  | | | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No | |  |  | **Resit Needed:** Yes or No  **Resit Reason**: | | | | |
| **Student participated in cleaning of equipment, products & room** | | Yes | No | |  |  | **Date of Resit**: | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Design and Apply Makeup for Photography  Design and Apply creative Makeup | | | | | | **Assessors name:**  **Date:** | | **Student Name:** | | | |
| **Assessment:** | **Fashion-Artificial Light**  Practical 1 Creative  Practical 1 Photographic | | | **Avante-Guard-Film-Studio Lighting**  Practical 2 Creative  Practical 2 Photographic | | **Fantasy-Catwalk-Natural Lighting**  Practical 3 Creative  Practical 3 Photographic | | **Highlight assessment being attempted** | | | |
| **Criteria** | |  | | | **Comments** | **Fix completed**  **Y or N** | **Criteria** |  | | **Comments** | **Fix completed**  **Y or N** |
| **Set up**  Professional | | Yes | No | |  |  | **Blush**  Correct Colour/Correct Position | Yes | No |  |  |
| **Brushes**  Clean/Sanitised | | Yes | No | |  |  | **Cream Liner**  Correct colour/Placement | Yes | No |  |  |
| **Charts**  Attached to mirror | | Yes | No | |  |  | **Gloss**  Correct Colour/Placement | Yes | No |  |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No | |  |  | **Lip liner**  Correct Colour/Placement | Yes | No |  |  |
| **Model Caped** | | Yes | No | |  |  | **Lipstick**  Correct Colour/Shape /Placement | Yes | No |  |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No | |  |  | **Individual Lashes**  Applied well/Correct Placement | Yes | No |  |  |
| **Blending**  Down the Neck, and Ears | | Yes | No | |  |  | **Bar lashes**  Applied well/correct Placement | Yes | No |  |  |
| **Concealing**  Correct Colour/Blended | | Yes | No | |  |  | **Final Makeup Suited brief** | Yes | No |  |  |
| **Powder (if necessary)**  T-Zone | | Yes | No | |  |  | **Studio Lighting**  Makeup was suitable | Yes | No |  |  |
| **Contour**  Correct Colour/Placement | | Yes | No | |  |  | **Natural Lighting**  Makeup was suitable | Yes | No |  |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No | |  |  | **Costume**  Suited brief | Yes | No |  |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No | |  |  | **Hair Style**  Suited brief | Yes | No |  |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No | |  |  | **Apply safe, Health and work practices** | Yes | No |  |  |
| **Mascara**  Correct Colour/No Clumps | | Yes | No | |  |  |  | | | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No | |  |  | **Resit Needed:** Yes or No  **Resit Reason**: | | | | |
| **Student participated in cleaning of equipment, products & room** | | Yes | No | |  |  | **Date of Resit**: | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Apply Airbrushed Makeup  Work collaboratively on Makeup Productions | | | | | | | **Assessors name:**  **Date:** | | | **Student Name:** | | | | |
| **Assessment:** | **Fantasy, Catwalk, Natural Lighting**  Practical 2 & 3 Airbrush  Practical 2 Work Collaboratively | | | **Day to evening Mature Bridal**  Practical 1 & 4 Airbrush  Practical 1 Work Collaboratively | | **Tattoo cover**  Practical 5 Airbrush | | **Highlight assessment/s being done** | | | | | | |
| **Criteria** | |  | | | **Comments** | | **Fix completed Y or N** | | **Criteria** |  | | **Comments** | | **Fix completed Y or N** |
| **Set up**  Professional | | Yes | No | |  | |  | | **Blush**  Correct Colour/Correct Position | Yes | No |  | |  |
| **Brushes**  Clean/Sanitised | | Yes | No | |  | |  | | **Cream Liner**  Correct colour/Placement | Yes | No |  | |  |
| **Charts**  Attached to mirror | | Yes | No | |  | |  | | **Gloss**  Correct Colour/Placement | Yes | No |  | |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No | |  | |  | | **Lip liner**  Correct Colour/Placement | Yes | No |  | |  |
| **Model Caped** | | Yes | No | |  | |  | | **Lipstick**  Correct Colour/Shape /Placement | Yes | No |  | |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No | |  | |  | | **Individual Lashes**  Applied well/Correct Placement | Yes | No |  | |  |
| **Blending**  Down the Neck, and Ears | | Yes | No | |  | |  | | **Bar lashes**  Applied well/correct Placement | Yes | No |  | |  |
| **Concealing**  Correct Colour/Blended | | Yes | No | |  | |  | | **Makeup Suited brief** | Yes | No |  | |  |
| **Powder (if necessary)**  T-Zone | | Yes | No | |  | |  | | **Costume**  Suited brief | Yes | No |  | |  |
| **Contour**  Correct Colour/Placement | | Yes | No | |  | |  | | **Hair Style**  Suited brief | Yes | No |  | |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No | |  | |  | | **Tattoo cover**  Covered well  Area Around Blended In | Yes | No |  | |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No | |  | |  | | **Apply safe, Health and work practices** | Yes | No |  | |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No | |  | |  | | **Student participated in cleaning of equipment, products & room** | Yes | No |  |  | |
| **Mascara**  Correct Colour/No Clumps | | Yes | No | |  | |  | | **Resit Needed:** Yes or No  **Resit Reason**: | | | | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No | |  | |  | | **Date of Resit**: | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Apply Airbrushed Makeup  Work collaboratively on Makeup Productions | | | | | | | **Assessors name:**  **Date:** | | | **Student Name:** | | | | |
| **Assessment:** | **Fantasy, Catwalk, Natural Lighting**  Practical 2 & 3 Airbrush  Practical 2 Work Collaboratively | | | **Day to evening Mature Bridal**  Practical 1 & 4 Airbrush  Practical 1 Work Collaboratively | | **Tattoo cover**  Practical 5 Airbrush | | **Highlight assessment/s being done** | | | | | | |
| **Criteria** | |  | | | **Comments** | | **Fix completed Y or N** | | **Criteria** |  | | **Comments** | | **Fix completed Y or N** |
| **Set up**  Professional | | Yes | No | |  | |  | | **Blush**  Correct Colour/Correct Position | Yes | No |  | |  |
| **Brushes**  Clean/Sanitised | | Yes | No | |  | |  | | **Cream Liner**  Correct colour/Placement | Yes | No |  | |  |
| **Charts**  Attached to mirror | | Yes | No | |  | |  | | **Gloss**  Correct Colour/Placement | Yes | No |  | |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No | |  | |  | | **Lip liner**  Correct Colour/Placement | Yes | No |  | |  |
| **Model Caped** | | Yes | No | |  | |  | | **Lipstick**  Correct Colour/Shape /Placement | Yes | No |  | |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No | |  | |  | | **Individual Lashes**  Applied well/Correct Placement | Yes | No |  | |  |
| **Blending**  Down the Neck, and Ears | | Yes | No | |  | |  | | **Bar lashes**  Applied well/correct Placement | Yes | No |  | |  |
| **Concealing**  Correct Colour/Blended | | Yes | No | |  | |  | | **Makeup Suited brief** | Yes | No |  | |  |
| **Powder (if necessary)**  T-Zone | | Yes | No | |  | |  | | **Costume**  Suited brief | Yes | No |  | |  |
| **Contour**  Correct Colour/Placement | | Yes | No | |  | |  | | **Hair Style**  Suited brief | Yes | No |  | |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No | |  | |  | | **Tattoo cover**  Covered well  Area Around Blended In | Yes | No |  | |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No | |  | |  | | **Apply safe, Health and work practices** | Yes | No |  | |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No | |  | |  | | **Student participated in cleaning of equipment, products & room** | Yes | No |  |  | |
| **Mascara**  Correct Colour/No Clumps | | Yes | No | |  | |  | | **Resit Needed:** Yes or No  **Resit Reason**: | | | | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No | |  | |  | | **Date of Resit**: | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Apply Airbrushed Makeup  Work collaboratively on Makeup Productions | | | | | | | **Assessors name:**  **Date:** | | | **Student Name:** | | | | |
| **Assessment:** | **Fantasy, Catwalk, Natural Lighting**  Practical 2 & 3 Airbrush  Practical 2 Work Collaboratively | | | **Day to evening Mature Bridal**  Practical 1 & 4 Airbrush  Practical 1 Work Collaboratively | | **Tattoo cover**  Practical 5 Airbrush | | **Highlight assessment/s being done** | | | | | | |
| **Criteria** | |  | | | **Comments** | | **Fix completed Y or N** | | **Criteria** |  | | **Comments** | | **Fix completed Y or N** |
| **Set up**  Professional | | Yes | No | |  | |  | | **Blush**  Correct Colour/Correct Position | Yes | No |  | |  |
| **Brushes**  Clean/Sanitised | | Yes | No | |  | |  | | **Cream Liner**  Correct colour/Placement | Yes | No |  | |  |
| **Charts**  Attached to mirror | | Yes | No | |  | |  | | **Gloss**  Correct Colour/Placement | Yes | No |  | |  |
| **Practical Assessment Supporting File**  Completed | | Yes | No | |  | |  | | **Lip liner**  Correct Colour/Placement | Yes | No |  | |  |
| **Model Caped** | | Yes | No | |  | |  | | **Lipstick**  Correct Colour/Shape /Placement | Yes | No |  | |  |
| **Foundation/base**  Correct Colour/ Well Blended | | Yes | No | |  | |  | | **Individual Lashes**  Applied well/Correct Placement | Yes | No |  | |  |
| **Blending**  Down the Neck, and Ears | | Yes | No | |  | |  | | **Bar lashes**  Applied well/correct Placement | Yes | No |  | |  |
| **Concealing**  Correct Colour/Blended | | Yes | No | |  | |  | | **Makeup Suited brief** | Yes | No |  | |  |
| **Powder (if necessary)**  T-Zone | | Yes | No | |  | |  | | **Costume**  Suited brief | Yes | No |  | |  |
| **Contour**  Correct Colour/Placement | | Yes | No | |  | |  | | **Hair Style**  Suited brief | Yes | No |  | |  |
| **Highlight/shade**  Correct Colour/Placement | | Yes | No | |  | |  | | **Tattoo cover**  Covered well  Area Around Blended In | Yes | No |  | |  |
| **Eyebrows**  Correct Shape/Colour | | Yes | No | |  | |  | | **Apply safe, Health and work practices** | Yes | No |  | |  |
| **Eye shadow**  Correct Colours/ Blending | | Yes | No | |  | |  | | **Student participated in cleaning of equipment, products & room** | Yes | No |  |  | |
| **Mascara**  Correct Colour/No Clumps | | Yes | No | |  | |  | | **Resit Needed:** Yes or No  **Resit Reason**: | | | | | |
| **Pencil Liner**  Correct Colour/Placement | | Yes | No | |  | |  | | **Date of Resit**: | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Create, Classic long Hair Up- Styling | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | |
| **Assessment:** | French Roll  Date: | Chignon – Mother of the Bride  Date: | | | | Bridal – Bohemian  Date: | Deb Ball – Up Do  Date: | | T.V Glamour – High Ponytail  Date: | | Twists – Modern  Date: | **Highlight assessment being attempted** | | | |
| **Criteria** | | |  | | **Comments** | | | **Fix completed**  **Y or N** | | **Criteria** | |  | | **Comments** | **Fix completed**  **Y or N** |
| **Set up**  Professional | | | Yes | No |  | | |  | | **Hot Tools Used Correctly** | | Yes | No |  |  |
| **Brushes**  Clean/Sanitised | | | Yes | No |  | | |  | | Hot Rollers | | Yes | No |  |  |
| **Charts**  Attached to mirror | | | Yes | No |  | | |  | | GHD | | Yes | No |  |  |
| **Practical Assessment Supporting File**  Completed | | | Yes | No |  | | |  | | Blow Dryer | | Yes | No |  |  |
| **Model Caped** | | | Yes | No |  | | |  | | Curling wand | | Yes | No |  |  |
| **Correct Procedure in Creating Hair Style** | | | Yes | No |  | | |  | | **Pinning/Elastics**  Correct use  Hidden From Sight | | Yes | No |  |  |
| **Brushes Used**  Correct Brush for the Job | | | Yes | No |  | | |  | | **Sectioning**  Correct Sectioning | | Yes | No |  |  |
| **Products Used**  Correct Products Used | | | Yes | No |  | | |  | | **Finished style**  Suited Brief | | Yes | No |  |  |
| **Teasing Hair**  Done Correctly | | | Yes | No |  | | |  | | **Apply safe, Health and work practices** | | Yes | No |  |  |
| **Smoothing of Hair**  Done Correctly | | | Yes | No |  | | |  | | **Student participated in cleaning of equipment, products & room** | |  |  |  |  |
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| **Resit Needed:** Yes or No  **Resit Reason**:  **Date of Resit**: | | | | | | | | | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Create, Classic long Hair Up- Styling | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | |
| **Assessment:** | French Roll  Date: | Chignon – Mother of the Bride  Date: | | | | Bridal – Bohemian  Date: | Deb Ball – Up Do  Date: | | T.V Glamour – High Ponytail  Date: | | Twists – Modern  Date: | **Highlight assessment being attempted** | | | |
| **Criteria** | | |  | | **Comments** | | | **Fix completed**  **Y or N** | | **Criteria** | |  | | **Comments** | **Fix completed**  **Y or N** |
| **Set up**  Professional | | | Yes | No |  | | |  | | **Hot Tools Used Correctly** | | Yes | No |  |  |
| **Brushes**  Clean/Sanitised | | | Yes | No |  | | |  | | Hot Rollers | | Yes | No |  |  |
| **Charts**  Attached to mirror | | | Yes | No |  | | |  | | GHD | | Yes | No |  |  |
| **Practical Assessment Supporting File**  Completed | | | Yes | No |  | | |  | | Blow Dryer | | Yes | No |  |  |
| **Model Caped** | | | Yes | No |  | | |  | | Curling wand | | Yes | No |  |  |
| **Correct Procedure in Creating Hair Style** | | | Yes | No |  | | |  | | **Pinning/Elastics**  Correct use  Hidden From Sight | | Yes | No |  |  |
| **Brushes Used**  Correct Brush for the Job | | | Yes | No |  | | |  | | **Sectioning**  Correct Sectioning | | Yes | No |  |  |
| **Products Used**  Correct Products Used | | | Yes | No |  | | |  | | **Finished style**  Suited Brief | | Yes | No |  |  |
| **Teasing Hair**  Done Correctly | | | Yes | No |  | | |  | | **Apply safe, Health and work practices** | | Yes | No |  |  |
| **Smoothing of Hair**  Done Correctly | | | Yes | No |  | | |  | | **Student participated in cleaning of equipment, products & room** | |  |  |  |  |
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| **Resit Needed:** Yes or No  **Resit Reason**:  **Date of Resit**: | | | | | | | | | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Create, Classic long Hair Up- Styling | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | |
| **Assessment:** | French Roll  Date: | Chignon – Mother of the Bride  Date: | | | | Bridal – Bohemian  Date: | Deb Ball – Up Do  Date: | | T.V Glamour – High Ponytail  Date: | | Twists – Modern  Date: | **Highlight assessment being attempted** | | | |
| **Criteria** | | |  | | **Comments** | | | **Fix completed**  **Y or N** | | **Criteria** | |  | | **Comments** | **Fix completed**  **Y or N** |
| **Set up**  Professional | | | Yes | No |  | | |  | | **Hot Tools Used Correctly** | | Yes | No |  |  |
| **Brushes**  Clean/Sanitised | | | Yes | No |  | | |  | | Hot Rollers | | Yes | No |  |  |
| **Charts**  Attached to mirror | | | Yes | No |  | | |  | | GHD | | Yes | No |  |  |
| **Practical Assessment Supporting File**  Completed | | | Yes | No |  | | |  | | Blow Dryer | | Yes | No |  |  |
| **Model Caped** | | | Yes | No |  | | |  | | Curling wand | | Yes | No |  |  |
| **Correct Procedure in Creating Hair Style** | | | Yes | No |  | | |  | | **Pinning/Elastics**  Correct use  Hidden From Sight | | Yes | No |  |  |
| **Brushes Used**  Correct Brush for the Job | | | Yes | No |  | | |  | | **Sectioning**  Correct Sectioning | | Yes | No |  |  |
| **Products Used**  Correct Products Used | | | Yes | No |  | | |  | | **Finished style**  Suited Brief | | Yes | No |  |  |
| **Teasing Hair**  Done Correctly | | | Yes | No |  | | |  | | **Apply safe, Health and work practices** | | Yes | No |  |  |
| **Smoothing of Hair**  Done Correctly | | | Yes | No |  | | |  | | **Student participated in cleaning of equipment, products & room** | |  |  |  |  |
|  | | | | | | | | | | | | | | | |
| **Resit Needed:** Yes or No  **Resit Reason**:  **Date of Resit**: | | | | | | | | | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Create, Classic long Hair Up- Styling | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | |
| **Assessment:** | French Roll  Date: | Chignon – Mother of the Bride  Date: | | | | Bridal – Bohemian  Date: | Deb Ball – Up Do  Date: | | T.V Glamour – High Ponytail  Date: | | Twists – Modern  Date: | **Highlight assessment being attempted** | | | |
| **Criteria** | | |  | | **Comments** | | | **Fix completed**  **Y or N** | | **Criteria** | |  | | **Comments** | **Fix completed**  **Y or N** |
| **Set up**  Professional | | | Yes | No |  | | |  | | **Hot Tools Used Correctly** | | Yes | No |  |  |
| **Brushes**  Clean/Sanitised | | | Yes | No |  | | |  | | Hot Rollers | | Yes | No |  |  |
| **Charts**  Attached to mirror | | | Yes | No |  | | |  | | GHD | | Yes | No |  |  |
| **Practical Assessment Supporting File**  Completed | | | Yes | No |  | | |  | | Blow Dryer | | Yes | No |  |  |
| **Model Caped** | | | Yes | No |  | | |  | | Curling wand | | Yes | No |  |  |
| **Correct Procedure in Creating Hair Style** | | | Yes | No |  | | |  | | **Pinning/Elastics**  Correct use  Hidden From Sight | | Yes | No |  |  |
| **Brushes Used**  Correct Brush for the Job | | | Yes | No |  | | |  | | **Sectioning**  Correct Sectioning | | Yes | No |  |  |
| **Products Used**  Correct Products Used | | | Yes | No |  | | |  | | **Finished style**  Suited Brief | | Yes | No |  |  |
| **Teasing Hair**  Done Correctly | | | Yes | No |  | | |  | | **Apply safe, Health and work practices** | | Yes | No |  |  |
| **Smoothing of Hair**  Done Correctly | | | Yes | No |  | | |  | | **Student participated in cleaning of equipment, products & room** | |  |  |  |  |
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| **Resit Needed:** Yes or No  **Resit Reason**:  **Date of Resit**: | | | | | | | | | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Create, Classic long Hair Up- Styling | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | |
| **Assessment:** | French Roll  Date: | Chignon – Mother of the Bride  Date: | | | | Bridal – Bohemian  Date: | Deb Ball – Up Do  Date: | | T.V Glamour – High Ponytail  Date: | | Twists – Modern  Date: | **Highlight assessment being attempted** | | | |
| **Criteria** | | |  | | **Comments** | | | **Fix completed**  **Y or N** | | **Criteria** | |  | | **Comments** | **Fix completed**  **Y or N** |
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| **Products Used**  Correct Products Used | | | Yes | No |  | | |  | | **Finished style**  Suited Brief | | Yes | No |  |  |
| **Teasing Hair**  Done Correctly | | | Yes | No |  | | |  | | **Apply safe, Health and work practices** | | Yes | No |  |  |
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| **Resit Needed:** Yes or No  **Resit Reason**:  **Date of Resit**: | | | | | | | | | | | | | | | |

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table  **Units:**  Create, Classic long Hair Up- Styling | | | | | | | | **Assessors name:**  **Date:** | | | | **Student Name:** | | | |
| **Assessment:** | French Roll  Date: | Chignon – Mother of the Bride  Date: | | | | Bridal – Bohemian  Date: | Deb Ball – Up Do  Date: | | T.V Glamour – High Ponytail  Date: | | Twists – Modern  Date: | **Highlight assessment being attempted** | | | |
| **Criteria** | | |  | | **Comments** | | | **Fix completed**  **Y or N** | | **Criteria** | |  | | **Comments** | **Fix completed**  **Y or N** |
| **Set up**  Professional | | | Yes | No |  | | |  | | **Hot Tools Used Correctly** | | Yes | No |  |  |
| **Brushes**  Clean/Sanitised | | | Yes | No |  | | |  | | Hot Rollers | | Yes | No |  |  |
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