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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 MakeupDesign and Apply Remedial Camouflage MakeupApply Safe, Health, Hygiene and Work Practices | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Practical 1 Natural**Practical 1 Design and apply MakeupPractical 1 Design and Apply remedial camouflage makeup (Blemishes)Practical 1 Apply Safe, Health, Hygiene and Work PracticesPractical 1 Comply with Organisational Requirements | **Practical 2 Corporate**Practical 2 Design and apply MakeupPractical 2 Design and Apply remedial camouflage makeup (Discolouration)Practical 2 Apply Safe, Health, Hygiene and Work PracticesPractical 2 Comply with Organisational Requirements | **Practical 3 Smokey Eyes**Practical 3 Design and apply MakeupPractical 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 MakeupPractical 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 productsBlended 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 MakeupDesign and Apply Remedial Camouflage MakeupApply Safe, Health, Hygiene and Work Practices | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Practical 1 Natural**Practical 1 Design and apply MakeupPractical 1 Design and Apply remedial camouflage makeup (Blemishes)Practical 1 Apply Safe, Health, Hygiene and Work PracticesPractical 1 Comply with Organisational Requirements | **Practical 2 Corporate**Practical 2 Design and apply MakeupPractical 2 Design and Apply remedial camouflage makeup (Discolouration)Practical 2 Apply Safe, Health, Hygiene and Work PracticesPractical 2 Comply with Organisational Requirements | **Practical 3 Smokey Eyes**Practical 3 Design and apply MakeupPractical 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 MakeupPractical 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 productsBlended 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 MakeupDesign and Apply Remedial Camouflage MakeupApply Safe, Health, Hygiene and Work Practices | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Practical 1 Natural**Practical 1 Design and apply MakeupPractical 1 Design and Apply remedial camouflage makeup (Blemishes)Practical 1 Apply Safe, Health, Hygiene and Work PracticesPractical 1 Comply with Organisational Requirements | **Practical 2 Corporate**Practical 2 Design and apply MakeupPractical 2 Design and Apply remedial camouflage makeup (Discolouration)Practical 2 Apply Safe, Health, Hygiene and Work PracticesPractical 2 Comply with Organisational Requirements | **Practical 3 Smokey Eyes**Practical 3 Design and apply MakeupPractical 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 MakeupPractical 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 productsBlended 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 MakeupDesign and Apply Remedial Camouflage MakeupApply Safe, Health, Hygiene and Work Practices | **Assessors name:****Date:** | **Student Name:** |
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|  | **Practical 4 Glamour Eyes**Practical 4 Design and apply MakeupPractical 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 productsBlended 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 MakeupDesign and Apply Remedial Camouflage MakeupApply Safe, Health, Hygiene and Work Practices | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Practical 1 Natural**Practical 1 Design and apply MakeupPractical 1 Design and Apply remedial camouflage makeup (Blemishes)Practical 1 Apply Safe, Health, Hygiene and Work PracticesPractical 1 Comply with Organisational Requirements | **Practical 2 Corporate**Practical 2 Design and apply MakeupPractical 2 Design and Apply remedial camouflage makeup (Discolouration)Practical 2 Apply Safe, Health, Hygiene and Work PracticesPractical 2 Comply with Organisational Requirements | **Practical 3 Smokey Eyes**Practical 3 Design and apply MakeupPractical 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 MakeupPractical 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 productsBlended 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 PhotographyDesign and Apply creative Makeup | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Fashion-Artificial Light**Practical 1 CreativePractical 1 Photographic | **Avante-Guard-Film-Studio Lighting**Practical 2 CreativePractical 2 Photographic | **Fantasy-Catwalk-Natural Lighting**Practical 3 CreativePractical 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**: |

**Notes**:

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| **Certificate III In Makeup -** Student Practical Assessment Marking Table**Units:**Design and Apply Makeup for PhotographyDesign and Apply creative Makeup | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Fashion-Artificial Light**Practical 1 CreativePractical 1 Photographic | **Avante-Guard-Film-Studio Lighting**Practical 2 CreativePractical 2 Photographic | **Fantasy-Catwalk-Natural Lighting**Practical 3 CreativePractical 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 PhotographyDesign and Apply creative Makeup | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Fashion-Artificial Light**Practical 1 CreativePractical 1 Photographic | **Avante-Guard-Film-Studio Lighting**Practical 2 CreativePractical 2 Photographic | **Fantasy-Catwalk-Natural Lighting**Practical 3 CreativePractical 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 MakeupWork collaboratively on Makeup Productions | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Fantasy, Catwalk, Natural Lighting**Practical 2 & 3 AirbrushPractical 2 Work Collaboratively | **Day to evening Mature Bridal**Practical 1 & 4 AirbrushPractical 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 wellArea 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 MakeupWork collaboratively on Makeup Productions | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Fantasy, Catwalk, Natural Lighting**Practical 2 & 3 AirbrushPractical 2 Work Collaboratively | **Day to evening Mature Bridal**Practical 1 & 4 AirbrushPractical 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 wellArea 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 MakeupWork collaboratively on Makeup Productions | **Assessors name:****Date:** | **Student Name:** |
| **Assessment:**  | **Fantasy, Catwalk, Natural Lighting**Practical 2 & 3 AirbrushPractical 2 Work Collaboratively | **Day to evening Mature Bridal**Practical 1 & 4 AirbrushPractical 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 wellArea 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 RollDate: | Chignon – Mother of the BrideDate: | Bridal – BohemianDate: | Deb Ball – Up DoDate: | T.V Glamour – High PonytailDate: | Twists – ModernDate: | **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 useHidden 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 RollDate: | Chignon – Mother of the BrideDate: | Bridal – BohemianDate: | Deb Ball – Up DoDate: | T.V Glamour – High PonytailDate: | Twists – ModernDate: | **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 useHidden 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 RollDate: | Chignon – Mother of the BrideDate: | Bridal – BohemianDate: | Deb Ball – Up DoDate: | T.V Glamour – High PonytailDate: | Twists – ModernDate: | **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 useHidden 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 RollDate: | Chignon – Mother of the BrideDate: | Bridal – BohemianDate: | Deb Ball – Up DoDate: | T.V Glamour – High PonytailDate: | Twists – ModernDate: | **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 useHidden 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 RollDate: | Chignon – Mother of the BrideDate: | Bridal – BohemianDate: | Deb Ball – Up DoDate: | T.V Glamour – High PonytailDate: | Twists – ModernDate: | **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 useHidden 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 RollDate: | Chignon – Mother of the BrideDate: | Bridal – BohemianDate: | Deb Ball – Up DoDate: | T.V Glamour – High PonytailDate: | Twists – ModernDate: | **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 useHidden 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**: |

Notes: