

AB20026 – Level 2 NVQ Diploma in General beauty
Tracking Sheet

Name:

Student Number:

Theory

No	Exams	Date	Pass Rate (%)	Wrong Answers
1	Anatomy 1			
2	Anatomy 2			
3	Facial 1			
4	Facial 2 (not required)			
5	Eyebrows/Eyelashes 1			
6	Eyebrows/Eyelashes 2 (not required)			
7	Waxing 1			
8	Waxing 2 (not required)			
9	Manicure 1			
10	Manicure 2 (not required)			
11	Pedicure 1			
12	Pedicure 2 (not required)			
13	Threading 1			
14	Threading 2 (not required)			
15	Make up 1			
16	Make up 2 (not required)			
17	Infection (Covid19)			

Assignment

No	Exams	Date	Pass Rate (%)	Wrong Answers
1	Health & Safety			
2	Effectiveness			
3	Promotion			
4	Pre-treatment			
5	Facial			
6	Eyebrows/Eyelashes			
7	Waxing			
8	Manicure			
9	Pedicure			
10	Threading			
11	Waxing			
12	Make up			

Practical

<u>No</u>	<u>Module</u>	<u>Range</u>																														
1	UB200B4 – Facial (3)	Skin <table border="1"> <tr> <td>Oily</td> <td></td> <td>Dry</td> <td></td> <td>Combination</td> <td></td> </tr> </table> Condition (2) <table border="1"> <tr> <td>Mature</td> <td></td> <td>Sensitive</td> <td></td> <td>Dehydrated</td> <td></td> </tr> </table> Type <table border="1"> <tr> <td>Magnify</td> <td></td> <td>Warming</td> <td></td> <td>Consumables</td> <td></td> </tr> </table> Products <table border="1"> <tr> <td>Remover</td> <td></td> <td>Cleanser</td> <td></td> <td>Toner</td> <td></td> </tr> <tr> <td>Exfoliate</td> <td></td> <td>Moisture</td> <td></td> <td>Skin</td> <td></td> </tr> </table>	Oily		Dry		Combination		Mature		Sensitive		Dehydrated		Magnify		Warming		Consumables		Remover		Cleanser		Toner		Exfoliate		Moisture		Skin	
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Medical	No	Modify	Aftercare	Contra-Actions	Next treatment	Home care																										
2	UB200B5 – Eyebrow/lash (3)	Shaping <table border="1"> <tr> <td>Total reshape</td> <td></td> <td>Maintenance</td> <td></td> </tr> </table> Colour (2) <table border="1"> <tr> <td>Fair</td> <td></td> <td>Red</td> <td></td> <td>Dark</td> <td></td> <td>White</td> <td></td> </tr> </table> Type <table border="1"> <tr> <td>Strip</td> <td></td> <td>Individual flare lash</td> <td></td> </tr> </table> Products <table border="1"> <tr> <td>Adhesives</td> <td></td> <td>Solvents</td> <td></td> </tr> </table>	Total reshape		Maintenance		Fair		Red		Dark		White		Strip		Individual flare lash		Adhesives		Solvents											
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3	UB200B6 – Waxing (4)	Treatments <table border="1"> <tr> <td>Eye-brows</td> <td></td> <td>Upper lip</td> <td></td> <td>Chin</td> <td></td> <td>Full-leg</td> <td></td> </tr> <tr> <td>Half-leg</td> <td></td> <td>Underarm</td> <td></td> <td>Bikini</td> <td></td> <td></td> <td></td> </tr> </table> Wax <table border="1"> <tr> <td>Hot wax</td> <td></td> <td>Warm wax</td> <td></td> </tr> </table> Techniques <table border="1"> <tr> <td>Stretching/ Manipulating</td> <td></td> <td>Speed of removal</td> <td></td> </tr> <tr> <td>Direction/Angle of removal</td> <td></td> <td>Temperature checks</td> <td></td> </tr> </table>	Eye-brows		Upper lip		Chin		Full-leg		Half-leg		Underarm		Bikini				Hot wax		Warm wax		Stretching/ Manipulating		Speed of removal		Direction/Angle of removal		Temperature checks			
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4	UB200N2 – Manicure (3)	Type																														

				Paraffin Wax		Hand Masks		Thermal Mitts	
				Exfoliator		Warm Oil			
				Finish					
				Dark		French		Buffed	
Medical		No	Modify	Aftercare		Contra-Actions		Next treatment	Home care
5	UB200N3 – Pedicure (3)			Type					
				Paraffin Wax		Hand Masks		Thermal Mitts	
				Exfoliator					
				Finish					
				Dark		French			
Medical		No	Modify	Aftercare		Contra-Actions		Next treatment	Home care
6	UB20B34 – Threading (4)			Treatments					
				Eyebrow		Upper lip		Chin	
				Method					
				Mouth		Neck		Hand	
				Shape					
				Total reshape		Maintenance			
Medical		No	Modify	Aftercare		Contra-Actions		Next treatment	Home care
7	UB200B8 – Makeup (3)			Age					
				16-30		31-50		Chin	
				Skin					
				Oily		Dry		Combination	
				Occasion					
				Day		Evening		Special	
				Products					
				Foundation		Powder		Bronzing	
				Concealers		Eyebrow		Eyeshadow	
				Lip		Eyeliners		Mascara	
				Cheek					
Medical		No	Modify	Aftercare		Contra-Actions		Next treatment	Home care

Assessor Comments

Signature _____

Date _____