



SHBBNLS001

Provide Manicure and Pedicare Services

Observation Forms

Observation 1

Observation 2

Student Name	Student Number

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SHBBNLS001

Provide manicure and pedicare services

Observation Form I

Student Name	Student Number

<i>First Observation</i>	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent
<i>Second Observation</i>	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent
<i>Third Observation</i>	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent
<i>Fourth Observation</i>	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent
<i>Fifth Observation</i>	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent
<i>Sixth Observation</i>	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent

Feedback to Student

Assessor Name:

Assessor Signature:

Date:



Teacher Observation Form 1

RTO Responsibilities

- The RTO is responsible for the creation and attachment of their own cover sheet that provides clear information to the learner and assessor to fully inform them of the conditions of assessment and specific requirements of the RTO.
- The RTO is responsible for creating Performance Benchmarks to ensure each assessor can make consistent and reliable judgements of competency in the RTO's assessment environment. The Validation Tool directs the RTO on the Performance Benchmarks that need to be created. Please see our User and Audit Guide for more information.
- The RTO is responsible for documenting how the Assessment Conditions of the Training Package have been met.

Audit Note:

This Observation Form must be used in conjunction with the Manicure/Pedicure Treatment Plan, and Assessment 2, as the combination of the information in these documents contextualises the Observation Form. Please see our User and Audit Guide for the Skin Deep Learning Assessment Methodology.

The RTO must provide Performance Benchmarks for the following sections as indicated on the Observation Form.

- Provide manicure service
- After the service
- Clean service area

These Performance Benchmarks must be used to ensure consistent judgements of competency by assessors and are to be used in conjunction with the Observation Form. The Observation Form then becomes a checklist that is used to record that the student has performed the task in a manner consistent with the Performance Benchmarks, The Client Consultation Form, The Treatment Plan and Assessment 2.

All other Performance Benchmarks for the Performance Criteria are located in the Observation Form.

If there are any questions or issues with this assessment during an audit, please call us during the audit, as we may be able to help.

This observation form MUST be used with Assessment 2 – Design a manicure treatment plan and perform manicure service, the RTO Performance Benchmarks, the Client Consultation Form and the Manicure/Pedicure Treatment Plan.

All instructions in Assessment 2 must be followed in the order supplied. The Manicure/Pedicure Treatment Plan and relevant assessment questions MUST be marked as competent before the student carries out the manicure services.



Instructions

- This Observation Form is to be completed while observing the student designing a Manicure/Pedicure Treatment Plan and performing a manicure service for six (6) different clients with the following outcomes:
 - X3 French polish application
 - X3 Colour polish application
- Students are required to demonstrate the use of the following products and techniques during each of the manicure services:
 - Buffing
 - Nail shaping
 - Cuticle care
 - Exfoliation
 - Mask
 - Hand massage using effleurage and petrissage techniques
 - Polish application

Oral questions can be located at the end of the Observation Form.

Requirements of institution (Assessment Conditions)

The institution must ensure access to all conditions, products and equipment as per the “Assessment Conditions” of the Training Package. The Institution must document the Assessment Conditions for audit purposes.

The assessor must ensure that students use the following products and equipment when being assessed. The student should write products and equipment required to perform the service on the Treatment Plan as additional evidence of what equipment has been used.

Equipment	Did the student use the equipment for assessment?
Client chair	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning and disinfection products	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disposable gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manicure equipment <ul style="list-style-type: none"> Cuticle pushers Disposable nail files Manicure bowls Nail clippers or scissors Manicure products from a comprehensive product range Operator chair 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manicure table and lamp	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment towels, cotton or disposable	<input type="checkbox"/> Yes <input type="checkbox"/> No

All observation criteria indicated in red are observations for holistic assessment with the following unit:

- SHBXIND001 – Comply with Organisational Requirements within a Personal Services Environment.

The observation criteria in red does not need to be assessed in the following cases:

- The criteria for the above unit has already been sufficiently addressed in other SHB units.
- The student is not completing the above unit so does not need to be assessed.



SHBBNLS001 – Provide manicure and pedicure services

Observation Form 1

Polish outcome <i>Tick the type of polish observed</i>	Client 1	Client 2	Client 3	Client 4	Client 5	Client 6
	Date	Date	Date	Date	Date	Date
French polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Consultation

Observe this section while the student completes the consultation as per instructions in Assessment 2

Did the student

1. Manage client records by: For existing clients	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> • Accessing client record. • Reviewing client record and identifying details that need to be updated. • Updating details of client where necessary. 	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
For new clients						
<ul style="list-style-type: none"> • Creating record for new clients by getting client to complete a Consultation Form. • Reviewing Consultation Form and identifying any factors that may affect the service as outlined in Assessment 2. 						
2. Discuss treatment requirements and priorities with the client by asking the questions outlined in Assessment 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3. Make recommendations for any skin and nail conditions or client characteristics present by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Advising an appropriate service for the client that will benefit the nail or skin condition. • Advising appropriate products for the nail or skin condition present. • Advising client how the treatment will be modified, if necessary. 	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<i>N/A should be ticked if no nail or skin conditions are present.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If N/A is ticked six times, ask oral question 1.</i>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<i>If oral question was asked did student answer correctly?</i>						



4. If a contraindication has been identified, explain to client by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<i>N/A should be ticked if no contraindications are present.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If N/A is ticked six times, ask oral question 2.</i>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<i>If oral question was asked did student answer correctly?</i>						

Comments:

Designing and Explaining the Treatment Plan

Observe this section after the treatment plan has been marked as competent as per instructions in Assessment 2

Did the student

5. Develop a Manicure Treatment Plan that is appropriate for the client requirements and characteristics?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
6. Explain the Manicure Treatment Plan to the client prior to obtaining client consent as outlined in Assessment 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
7. Obtain client consent after thoroughly explaining the treatment proposal by getting the client to sign the Manicure Treatment Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Comments:

Preparing for the service

Observe this section while the student is preparing for the service

Did the student:

8. Prepare treatment area by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Wiping down before use.						
• Setting up with clean linen.						
• Ensuring no leads are running across walkways.						
• Ensuring all equipment is available and in good working order.						



9. Select products listed on Manicure Treatment Plan and set up at the treatment area?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
10. Select the following equipment and set up at treatment area:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Cuticle pushers	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Disposable nail files						
• Manicure bowl						
• Nail clippers or scissors						
• Manicure lamp						
• Treatment towels						
• Disposables						
11. Ensure all equipment is:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Clean prior to use.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• In safe working order.						
12. Prepare self by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Washing hands before service.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Wearing appropriate personal protective equipment.						
Record any other personal protective equipment the student wore (if applicable)?	_____	_____	_____	_____	_____	_____
13. Present self according to organisational policy by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Wearing workplace uniform.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Wearing hair tied back off face.						
• Wearing minimal jewellery.						
• Wearing closed toe shoes.						
14. Maintain posture by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Ensuring manicure chair is at correct height.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Keeping back and neck as straight as possible during treatment.						
15. Prepare client for service by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Asking client to remove jewellery.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Sanitising hands prior to service.						
16. Use energy, water and product efficiently during preparation and subsequent treatment process by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Turning off lights when not in use	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Turning off taps when not in use						
• Measuring and decanting an appropriate amount of product for the treatment that does not create waste						

Comments:



Provide Manicure Service

Observe this section after the Performance Benchmarks for the RTO have been created by following instructions in Marking Guide 2

Did the student:

17. Sanitise client's hands in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
18. File nails to shape outlined in Manicure Treatment Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
19. File and buff nails to minimise damage to natural nail by: <ul style="list-style-type: none"> Filing in one direction only. Using a file and buffer 180 grit or above for natural nails. Lightly buff natural nails to remove imperfections or shine. 	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
20. Soak nails and treat cuticles in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
21. Exfoliate hands by: <ul style="list-style-type: none"> Applying exfoliant to hand and lower arm area. Use vigorous massage movements to exfoliate hands and lower arms. Thoroughly remove exfoliant using water or hot towel. 	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
22. Massage lower arms and hands in accordance with RTO Performance Benchmarks and: <ul style="list-style-type: none"> Use Effleurage movements for massage. Use Petrissage movements for massage. 	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
23. Apply mask and other specialised products in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
24. Applied French polish and finishing products in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
25. Apply colour polish and finishing products in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Comments:



After the service

Did the student:

26. Seek client feedback to evaluate service by: <ul style="list-style-type: none"> Asking the client if they are happy with the finished result. Making any amendments required by the client. 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
27. Update Manicure Treatment Plan if modifications were made after client feedback?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
28. Provide aftercare advice, products and future services by the client information as outlined in Assessment 2?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
29. Update treatment plan and use salon software in accordance with RTO Performance Benchmarks and: <ul style="list-style-type: none"> Recording products advised to client on Treatment Plan. Record purchases made by client on Treatment Plan. Record advice given to client on Treatment Plan. Record rebooking information on Treatment Plan. Use Salon Software system to record client notes and rebook client. 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No

Clean service area

Did the student:

30. Remove used towels according to RTO Performance Benchmarks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
31. Clean surfaces and equipment according to RTO Performance Benchmarks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
32. Restock equipment and products in preparation for next treatment according to RTO Performance Benchmarks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
33. Dispose of general waste to minimise negative environmental impact according to RTO Performance Benchmarks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No

Comments:



Support the work team and work effectively

Did the student:

34. Display courteous, helpful and non-discriminatory attitude with clients and other team members?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
35. Meet all reasonable requests for assistance and take opportunities to enhance level of assistance to team members?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
36. Seek assistance and advice from team members, supervisors and managers when required?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
37. Ask open and closed probe questions to actively listen to clarify workplace instruction, team needs and policies and procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
38. Plan and organise daily work activities within scope of responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
39. Act promptly on instructions, information and follow procedures relevant to task and seek advice and direction as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Oral Questions

- If your client had a skin or nail condition (assessor to identify a particular skin or nail condition for student to answer question about e.g leuconychia), how would you adapt the service and what advice and product recommendations would you give to your client?
Student to answer if any adaption to service is required for the condition and advice and product recommendations that would be given to the client to help with the condition.
- If your client had the following contraindication (assessor to insert contraindication listed in Knowledge Evidence of Training Package that would prevent the service), what procedures should you take?
 - Explain to client that treatment cannot be performed in a respectful and tactful manner.
 - Never diagnose or name contra-indication.
 - Refer to medical practitioner or complementary therapist.
 - Offer alternative treatment options to client (if possible).

Notes about Observation

End of Document



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SHBBNLS001

Provide manicure and pedicare services

Observation Form 2

Student Name	Student Number

<i>First Observation</i>	<input type="checkbox"/> Competent <input type="checkbox"/> Not Competent
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<i>Third Observation</i>	<input type="checkbox"/> Competent <input type="checkbox"/> Not Competent
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Feedback to Student

Assessor Name:

Assessor Signature:

Date:



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- The RTO is responsible for documenting how the Assessment Conditions of the Training Package have been met.

Audit Note:

This Observation Form must be used in conjunction with the Manicure/Pedicure Treatment Plan, and Assessment 3, as the combination of the information in these documents contextualises the Observation Form. Please see our User and Audit Guide for the Skin Deep Learning Assessment Methodology.

The RTO must provide Performance Benchmarks for the following sections as indicated on the Observation Form.

- Provide pedicure service
- After the service
- Clean service area

These Performance Benchmarks must be used to ensure consistent judgements of competency by assessors and are to be used in conjunction with the Observation Form. The Observation Form then becomes a checklist that is used to record that the student has performed the task in a manner consistent with the Performance Benchmarks, The Client Consultation Form, The Treatment Plan and Assessment 3.

All other Performance Benchmarks for the Performance Criteria are located in the Observation Form.

If there are any questions or issues with this assessment during an audit, please call us during the audit, as we may be able to help.

This observation form MUST be used with Assessment 3 – Design a pedicure treatment plan and perform pedicure service, the RTO Performance Benchmarks, the Client Consultation Form and the Manicure/Pedicure Treatment Plan.

All instructions in Assessment 3 must be followed in the order supplied. The Manicure/Pedicure Treatment Plan and relevant assessment questions MUST be marked as competent before the student carries out the manicure services.



Instructions

- This Observation Form is to be completed while observing the student designing a pedicure treatment plan and performing a pedicure service for six (6) different clients with the following outcomes:
 - X3 French polish application
 - X3 Colour polish application
- Students are required to demonstrate the use of the following products and techniques during each of the pedicure services:
 - Buffing
 - Nail shaping
 - Cuticle care
 - Exfoliation
 - Callous removal
 - Mask
 - Foot massage using effleurage and petrissage techniques
 - Polish application

Oral questions can be located at the end of the Observation Form.

Requirements of institution (Assessment Conditions)

The institution must ensure access to all conditions, products and equipment as per the “Assessment Conditions” of the Training Package. The Institution must document the Assessment Conditions for audit purposes.

The assessor must ensure that students use the following products and equipment when being assessed. The student should write products and equipment required to perform the service on the Treatment Plan as additional evidence of what equipment has been used.

Equipment	Did the student use the equipment for assessment?	
Client chair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleaning and disinfection products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposable gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pedicure equipment <ul style="list-style-type: none"> Cuticle pushers Disposable nail files Pedicure bowls Nail clippers or scissors Pedicure products from a comprehensive product range Operator chair Disposable pedi paddles 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pedicure chair and lamp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treatment towels, cotton or disposable	<input type="checkbox"/> Yes	<input type="checkbox"/> No

All observation criteria indicated in red are observations for holistic assessment with the following unit:

- SHBXIND001 – Comply with Organisational Requirements within a Personal Services Environment.

The observation criteria in red does not need to be assessed in the following cases:

- The criteria for the above unit has already been sufficiently addressed in other SHB units.
- The student is not completing the above unit so does not need to be assessed.



SHBBNLS001 – Provide manicure and pedicure services

Observation Form 2

Polish outcome <i>Tick the type of polish observed</i>	Client 1	Client 2	Client 3	Client 4	Client 5	Client 6
	Date	Date	Date	Date	Date	Date
French polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Consultation

Observe this section while the student completes the consultation as per instructions in Assessment 3

Did the student

1. Manage client records by: For existing clients	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<ul style="list-style-type: none"> • Accessing client record. • Reviewing client record and identify details that need to be updated. • Updating details of client where necessary. 	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
For new clients						
<ul style="list-style-type: none"> • Creating record for new clients by getting client to complete a Consultation Form. • Reviewing Consultation Form and identifying any factors that may affect the service as outlined in Assessment 3. 						
2. Discuss treatment requirements and priorities with the client by asking the questions outlined in Assessment 3?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
3. Make recommendations for any skin and nail conditions or client characteristics present by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Advising an appropriate service for the client that will benefit the nail or skin condition. • Advising appropriate products for the nail or skin condition present. • Advising client how the treatment will be modified, if necessary. 	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<i>N/A should be ticked if no nail or skin conditions are present.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If N/A is ticked six times, ask oral question 1.</i>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<i>If oral question was asked, did student answer correctly?</i>						



4. If a contraindication has been identified, explain to client by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<i>N/A should be ticked if no contraindications are present.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If N/A is ticked six times, ask oral question 2.</i>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<i>If oral question was asked, did student answer correctly?</i>						

Comments:

Designing and Explaining the Treatment Plan

Observe this section after the treatment plan has been marked as competent as per instructions in Assessment 3

Did the student

5. Develop a Pedicure Treatment Plan that is appropriate for the client requirements and characteristics?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
6. Explain the Pedicure Treatment Plan to the client prior to obtaining client consent as outlined in Assessment 3?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
7. Obtain client consent after thoroughly explaining the treatment proposal by getting the client to sign the Pedicure Treatment Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Comments:

Preparing for the service

Observe this section while the student is preparing for the service

Did the student:

8. Prepare treatment area by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Wiping down before use.						
• Setting up with clean linen.						
• Ensuring no leads are running across walkways.						
• Ensuring all equipment is available and in good working order.						
• Filling pedicure bowl with warm water.						



9. Select products listed on Pedicure Treatment Plan and set up at the treatment area?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
10. Select the following equipment and set up at treatment area:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Cuticle pushers	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Disposable nail files						
• Pedicure bowl						
• Disposable pedi paddles						
• Nail clippers or scissors						
• Treatment towels						
• Disposables						
11. Ensure all equipment is:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Clean prior to use.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• In safe working order.						
12. Prepare self by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Washing hands before service.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Wearing disposable gloves.						
Record any other personal protective equipment the student wore (if applicable)?	_____	_____	_____	_____	_____	_____
13. Present self according to organisational policy by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Wearing workplace uniform.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Wearing hair tied back off face.						
• Wearing minimal jewellery.						
• Wearing closed toe shoes.						
14. Maintain posture by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Ensuring operator chair is at correct height.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Keeping back and neck as straight as possible during treatment.						
15. Prepare client for service by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Asking client to remove socks and shoes.	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Sanitising feet prior to service.						
16. Use energy, water and product efficiently during preparation and subsequent treatment process by:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• Turning off lights when not in use	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
• Turning off taps when not in use						
• Measuring and decanting an appropriate amount of product for the treatment that does not create waste						

Comments:



Provide Pedicure Service

Observe this section after the Performance Benchmarks for the RTO have been created by following instructions in Marking Guide 3

Did the student:

17. Sanitise client's feet in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
18. File nails to shape outlined in Pedicure Treatment Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
19. File and buff nails to minimise damage to natural nail by: • Filing in one direction only. • Using a file and buffer 180 grit or above for natural nails. • Lightly buff natural nails to remove imperfections or shine.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
20. Soak feet in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
21. Exfoliate hard skin in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
22. Treat cuticles in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
23. Massage lower legs and feet in accordance with RTO Performance Benchmarks and: • Use Effleurage movements for massage. • Use Petrissage movements for massage.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
24. Apply mask and other specialised products in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
25. Applied French polish and finishing products in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
26. Apply colour polish and finishing products in accordance with RTO Performance Benchmarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Comments:



After the service

Did the student:

27. Seek client feedback to evaluate service by: <ul style="list-style-type: none"> Asking the client if they are happy with the finished result. Making any amendments required by the client. 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
28. Update Pedicure Treatment Plan if modifications were made after client feedback?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
29. Provide aftercare advice products and future services by the client information as outlined in Assessment 3?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
30. Update treatment plan and use salon software in accordance with RTO Performance Benchmarks and: <ul style="list-style-type: none"> Recording products advised to client on Treatment Plan. Record purchases made by client on Treatment Plan. Record advice given to client on Treatment Plan. Record rebooking information on Treatment Plan. Use Salon Software system to record client notes and rebook client. 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No

Clean service area

Did the student:

31. Remove used towels according to RTO Performance Benchmarks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
32. Clean surfaces and equipment according to RTO Performance Benchmarks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
33. Restock equipment and products in preparation for next treatment according to RTO Performance Benchmarks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
34. Dispose of general waste to minimise negative environmental impact according to RTO Performance Benchmarks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No

Comments:



Support the work team and work effectively

Did the student:

35. Display courteous, helpful and non-discriminatory attitude with clients and other team members?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
36. Meet all reasonable requests for assistance and take opportunities to enhance level of assistance to team members?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
37. Seek assistance and advice from team members, supervisors and managers when required?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
38. Ask open and closed probe questions to actively listen to clarify workplace instruction, team needs and policies and procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
39. Plan and organise daily work activities within scope of responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
40. Act promptly on instructions, information and follow procedures relevant to task and seek advice and direction as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Oral Questions

- If your client had a skin or nail condition (assessor to identify a particular skin or nail condition for student to answer question about e.g leuconychia), how would you adapt the service and what advice and product recommendations would you give to your client?
 Student to answer if any adaption to service is required for the condition and advice and product recommendations that would be given to the client to help with the condition.
- If your client had the following contraindication (assessor to insert contraindication listed in Knowledge Evidence of Training Package that would prevent the service), what procedures should you take?
 - Explain to client that treatment cannot be performed in a respectful and tactful manner.
 - Never diagnose or name contra-indication.
 - Refer to medical practitioner or complementary therapist.
 - Offer alternative treatment options to client (if possible).

Notes about Observation

End of Document

