| Reference No. | | | | | | | | |
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| Full Qualification | BEAUTY CARE (SKIN CARE) SERVICES NC | II | |
|---|--|-----|----|
| Linite of Competency | Perform facial cleansing | | |
| Units of Competency Covered | Perform temporary hair removal activity | | |
| | Perform body scrub | | |
| Instruction: | | | |
| | d check the appropriate column to indicate your a | | |
| Can I? | | YES | NO |
| PERFORM FACIAL CLEA | | | |
| Assess client's medical with standard procedure | history, skin types and conditions in accordance es * | | |
| • Advise client based on | the result of evaluation * | | |
| | quipment to be used for facial cleansing in cturer's manual and/or clinic spa's policies and | | |
| Prepare and check sup be used in accordance v | | | |
| • Prepare and secure wo | rk station for facial cleansing activity | | |
| • Prepare client for facial | cleansing procedure | | |
| | g in accordance with established facial cleansing OSH policies or guidelines * | | |
| • Check for desired resul | t in accordance to standard outcome | | |
| Refer or perform approp | priate first-aid treatment, if necessary | | |
| | opriate aftercare regimen, facial maintenance, d possible post procedure reactions | | |
| • Fill up or update client's | s records or forms | | |
| • Clean and/or sanitize w | ork station, used tools, materials and equipment | | |
| Practice proper wastes | disposal according to environmental standards | | |
| PERFORM TEMPORARY | HAIR REMOVAL ACTIVITY | | |
| Assess client's medical standard/industry proce | history, skin types and skin condition following edures * | | |
| • Advise client based on | the result of evaluation * | | |
| Prepare client for tempo | orary hair removal activity | | |
| Determine when to con | duct skin test | | |
| | Is and equipment to be used for hair removal in cturer's manual and/or clinic spa's policies and | | |

| Prepare and check supplies, materials and hair removal products used in accordance with established procedure FDA notification | to be |
|---|--------|
| Prepare and secure work station for hair removal activity | |
| Perform hair removal in accordance with established hair re procedures and/or DOH, OSH policies or guidelines * | moval |
| Check for desired result in accordance to standard outcome | |
| Refer or perform appropriate first-aid treatment, if necessary | |
| Advise client on skin care regimen, follow-up schedules and po post procedure reactions | ssible |
| Fill up or update client's records or forms | |
| Clean and/or sanitize work station, used tools, materials and equip | oment |
| Practice proper wastes disposal according to environmental stand | lards |
| PERFORM BODY SCRUB | i |
| Assess client's medical history, skin types and skin condition foll standard/industry procedures * | owing |
| Advise client based on the result of evaluation * | |
| Prepare client for body scrub treatment | |
| Prepare and check tools and equipment to be used for body treatment in accordance to manufacturer's manual and/or clinic policies and procedures | |
| Prepare and check supplies, materials and scrubbing principal ingredients to be used in accordance with product specification and notification | |
| Prepare and secure work station for body scrub activity | |
| Use scrubbing product ingredients in accordance with properties of the specification and FDA notification | oduct |
| Perform body scrub in accordance with established body procedures and/or DOH, OSH policies or guidelines * | scrub |
| Check for desired result in accordance to standard outcome | |
| Refer or perform appropriate first-aid treatment, if necessary | |
| Advise client on appropriate aftercare regimen, follow-up schedule possible post procedure reactions | es and |
| Fill up or update client's records or forms | |
| Clean and sanitize work station, used tools, materials and equipm | ient |
| Practice proper wastes disposal according to environmental stand | lards. |
| I agree to undertake assessment with the knowledge that information be used for professional development purposes and can only be acces assessment personnel and my manager/supervisor. | • |
| Candidate's Name and Signature | Date |

| Reference No. | | | | | | | | |
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| Qualification | BEAUTY CARE (SKIN CARE) SERVICI | ES NC | 11 | | | | | |
|---|---|----------|---------|----|--|--|--|--|
| Certificate of Competency (COC 1) | Perform Facial Cleansing | | | | | | | |
| Instruction:Read each question and | d check the appropriate column to indicate | e your a | inswer. | | | | | |
| Can I? | | | YES | NO | | | | |
| Assess client's medical with standard procedure | history, skin types and conditions in accore | dance | | | | | | |
| Advise client based on t | | | | | | | | |
| Prepare tools and eq accordance to manufac procedures | • | | | | | | | |
| Prepare and check supplies, materials and facial cleansing products to be used in accordance with skin type, skin condition and FDA notification | | | | | | | | |
| Prepare and secure work station for facial cleansing activity | | | | | | | | |
| • Prepare client for facial | | | | | | | | |
| Perform facial cleansing procedure and/or DOH, | ansing | | | | | | | |
| Check for desired result | in accordance to standard outcome | | | | | | | |
| Refer or perform approp | riate first-aid treatment, if necessary | | | | | | | |
| | priate aftercare regimen, facial mainten I possible post procedure reactions | nance, | | | | | | |
| • Fill up or update client's | records or forms | | | | | | | |
| Clean and/or sanitize wo | ork station, used tools, materials and equip | oment | | | | | | |
| Practice proper wastes | disposal according to environmental stand | dards | | | | | | |
| I agree to undertake assess be used for professional dev assessment personnel and | 5 | | , | | | | | |
| Candidate | Date | | | | | | | |

| Reference No. | | | | | | | | |
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| Qualification | BEAUTY CARE (SKIN CARE) SERVICI | ES NC | II | | | | |
|---|--|----------|---------|----|--|--|--|
| Certificate of Competency (COC 2) | Perform Temporary Hair Removal Act | ivity | | | | | |
| Instruction:Read each question and | d check the appropriate column to indicate | e your a | answer. | | | | |
| Can I? | | | YES | NO | | | |
| Assess client's medical standard/industry process | history, skin types and skin condition foll dures * | owing | | | | | |
| Advise client based on t | | | | | | | |
| Prepare client for tempo | | | | | | | |
| Determine when to conc | luct skin test | | | | | | |
| Prepare and check tools accordance to manufact procedures | | | | | | | |
| Prepare and check suppused in accordance with | to be | | | | | | |
| Prepare and secure work station for hair removal activity | | | | | | | |
| Perform hair removal procedures and/or DOH | moval | | | | | | |
| Check for desired result | in accordance to standard outcome | | | | | | |
| Refer or perform approp | priate first-aid treatment, if necessary | | | | | | |
| Advise client on skin ca post procedure reaction | are regimen, follow-up schedules and po s | ssible | | | | | |
| Fill up or update client's | records or forms | | | | | | |
| Clean and/or sanitize wo | ork station, used tools, materials and equip | pment | | | | | |
| Practice proper wastes | disposal according to environmental stanc | dards | | | | | |
| I agree to undertake assess be used for professional dev assessment personnel and | | | | | | | |
| Candidate | Date | | | | | | |

| Reference No. | | | | | | | | | | | | | | | | |
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| Qualification | BEAUTY CARE (SKIN CARE) SERVICE | S NC | II | | | | |
|--|---|--------|-----|----|--|--|--|
| Certificate of Competency (COC 3) | Perform Body Scrub | | | | | | |
| Instruction: | | | | | | | |
| | d check the appropriate column to indicate | your a | | NO | | | |
| Can I? | | • | YES | NO | | | |
| Assess client's medical standard/industry process | history, skin types and skin condition follo dures * | wing | | | | | |
| Advise client based on t | | | | | | | |
| Prepare client for body | | | | | | | |
| Prepare and check too treatment in accordanc policies and procedures | | | | | | | |
| Prepare and check ingredients to be used in notification | | | | | | | |
| Prepare and secure work station for body scrub activity | | | | | | | |
| Use scrubbing produce specification and FDA n | | | | | | | |
| • | n accordance with established body s l, OSH policies or guidelines * | scrub | | | | | |
| Check for desired result | in accordance to standard outcome | | | | | | |
| Refer or perform approp | priate first-aid treatment, if necessary | | | | | | |
| Advise client on appropriate possible post procedure | iate aftercare regimen, follow-up schedules reactions | s and | | | | | |
| Fill up or update client's | records or forms | | | | | | |
| Clean and sanitize work | station, used tools, materials and equipme | ent | | | | | |
| Practice proper wastes | disposal according to environmental standa | ards. | | | | | |
| I agree to undertake assess be used for professional dev assessment personnel and | | | | | | | |
| Candidate | Date | | | | | | |