**SELF ASSESSMENT GUIDE**

**Qualification:** BEAUTY CARE SERVICES (NAIL) NC III

**Units of Competency Covered:**
- PERFORM CREATIVE NAIL DESIGN
- PERFORM ARTIFICIAL NAIL EXTENSIONS

**Instruction:**
- Read each of the questions in the left-hand column of the chart.
- Place a check in the appropriate box opposite each question to indicate your answer.

<table>
<thead>
<tr>
<th>Can I?</th>
<th>YES</th>
<th>NO</th>
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**PERFORM CREATIVE NAIL DESIGN**

- Prepare work area
- Consult client on desired creative nail service activity*
- Select necessary tools, equipment, supplies and materials based on specific nail service activity following OH&S requirements*
- Check and assess nail, skin condition and adopt necessary safety procedures *
- Position client comfortably and safely and provide appropriate protective clothing*
- Clean and disinfect nails making sure that cuticles are pushed gently*
- Cut and trim nails*
- Apply nail design/ornaments*
- File nails in one direction and to the desired shape of the client*
- Check results and apply necessary retouches*
- Apply top coat smoothly to secure the art*
- Clean work station at completion of the task*

**PERFORM ARTIFICIAL NAIL EXTENSIONS**

- Consult client on desired creative nail service activity and specific requirements*
- Check and analyze client’s skin, nail condition, structure, shape and style*
- Recognize nail disorder and give advice or referral to appropriate personnel*
- Select and prepare sanitize tools, equipment and appropriate supplies and materials*
- Attach nail tip*
- Apply/refill acrylic nails*
- Attach sculptured nails*
- Massage hand smoothly and evenly*
- Apply base coat and top seal coat using long strokes and single direction*
- Apply agreed nail polish coloring*
- Check outcome and applies finishing touches*
- Perform post-service activities*
- Clean work station at completion of the task*

I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.

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<tr>
<th>Candidate’s Name &amp; Signature</th>
<th>Date:</th>
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