

|               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Reference No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

### SELF-ASSESSMENT GUIDE

|  |  |             |  |
|--|--|-------------|--|
| Qualification  | <b>BEAUTY CARE (SKIN CARE) SERVICES NC II</b>  |             |  |
| Certificate of Competency (COC 2)  | <b>Perform Temporary Hair Removal Activity</b> |             |  |
| <b>Instruction:</b>  |  |             |  |
| <ul style="list-style-type: none"> <li>Read each question and check the appropriate column to indicate your answer.</li> </ul>   |  |             |  |
| <b>Can I?</b>  | <b>YES</b>                                     | <b>NO</b>   |  |
| <ul style="list-style-type: none"> <li>Assess client's medical history, skin types and skin condition following standard/industry procedures *</li> </ul>  |  |             |  |
| <ul style="list-style-type: none"> <li>Advise client based on the result of evaluation *</li> </ul>  |  |             |  |
| <ul style="list-style-type: none"> <li>Prepare client for temporary hair removal activity</li> </ul>   |  |             |  |
| <ul style="list-style-type: none"> <li>Determine when to conduct skin test</li> </ul>  |  |             |  |
| <ul style="list-style-type: none"> <li>Prepare and check tools and equipment to be used for hair removal in accordance to manufacturer's manual and/or clinic spa's policies and procedures</li> </ul>                     |  |             |  |
| <ul style="list-style-type: none"> <li>Prepare and check supplies, materials and hair removal products to be used in accordance with established procedure FDA notification</li> </ul>                                     |  |             |  |
| <ul style="list-style-type: none"> <li>Prepare and secure work station for hair removal activity</li> </ul>  |  |             |  |
| <ul style="list-style-type: none"> <li>Perform hair removal in accordance with established hair removal procedures and/or DOH, OSH policies or guidelines *</li> </ul>   |  |             |  |
| <ul style="list-style-type: none"> <li>Check for desired result in accordance to standard outcome</li> </ul>   |  |             |  |
| <ul style="list-style-type: none"> <li>Refer or perform appropriate first-aid treatment, if necessary</li> </ul>   |  |             |  |
| <ul style="list-style-type: none"> <li>Advise client on skin care regimen, follow-up schedules and possible post procedure reactions</li> </ul>  |  |             |  |
| <ul style="list-style-type: none"> <li>Fill up or update client's records or forms</li> </ul>  |  |             |  |
| <ul style="list-style-type: none"> <li>Clean and/or sanitize work station, used tools, materials and equipment</li> </ul>  |  |             |  |
| <ul style="list-style-type: none"> <li>Practice proper wastes disposal according to environmental standards</li> </ul>   |  |             |  |
| I agree to undertake assessment with 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. |  |             |  |
| <b>Candidate's Name and Signature</b>  |  | <b>Date</b> |  |