



Qualification Specification



This qualification is part of ProQual's broad offer of qualifications in the Hair and Beauty Sector.

To find out more about other qualifications in this, or any other sector, or for our latest fees; check our Fees Schedule via the QR code below:





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Introduction

The ProQual Level 4 Certificate in Skin Treatment Using Laser, IPL and High Energy LED Devices provides a nationally recognised qualification for those working or wanting to work in the aesthetics industry, and who wish to develop and demonstrate their competence at providing a range of skin treatments that use high energy devices, such as lasers and IPL systems.

The aims of these qualifications are:

- To develop an understanding of the range of skin treatments using high energy devices.
- To demonstrate competence at carrying out a range of skin treatments, in accordance with health and safety requirements.
- To provide a progression route within the beauty and aesthetics industry, for those interested in advanced skin treatments.

The awarding body for this qualification is ProQual AB. This qualification has been approved for delivery in England and Northern Ireland. The regulatory body for this qualification is Ofqual, and this qualification has been accredited onto the Regulated Qualification Framework (RQF) and has been published in Ofqual's Register of Qualifications.



Qualification Profile

| Qualification Title: | ProQual Level 4 Certificate in Skin Treatment Using Laser, IPL and High Energy LED Devices |
|----------------------------|---|
| Qualification Number: | 610/4839/2 |
| Level: | Level 4 |
| Total Qualification Time | 280 Hours |
| (TQT): | 28 Credits |
| Guided Learning Hours | 230 Hours |
| (GLH): | (Depending on optional units chosen) |
| | Pass / Fail |
| Assessment: | Internally assessed and verified by centre staff |
| | External quality assured by ProQual Verifiers |
| Qualification Start Date: | 06/01/2025 |
| Qualification Review Date: | 06/01/2028 |



Learner Profile

Candidates for this qualification **must** have completed the ProQual Level 3 Certificate in Pathway to Aesthetic Practice, or an equivalent qualification and **must** also have completed, or be registered to complete alongside this qualification, the ProQual Level 4 Award in Core Knowledge of Laser Safety.

Centres should carry out their own initial assessment of a candidate's initial knowledge and skills.

Candidates for these qualifications should either:

 Be employed in a role where they will have the opportunity to carry out skin treatments using high energy devices.

OR

• Be enrolled with a training provider, college, school or sixth form, which will enable them to carry out skin treatments using high energy devices.

Candidates must be **at least 16 years old** on the day that they are registered for one of these qualifications. Centres are reminded that no assessment may take place until a candidate has been registered.

Candidates who complete this qualification, and who wish to further develop their knowledge and skills in the beauty sector, could progress to study additional qualifications from ProQual's hair and beauty suite, such as:

- ProQual Level 4 Diploma in Aesthetic Treatments and Skin Science.
- ProQual Level 5 Certificate in Laser Tattoo Removal.
- ProQual Level 6 Diploma in Aesthetic Practice.
- ProQual Level 7 Diploma in Aesthetic Practice.



Qualification Structures

This qualification consists of **three** mandatory units. Candidates must complete **all** the mandatory units to achieve this qualification. Candidates must additionally complete **at least one** optional unit. Candidates may complete more than three optional units.

| Unit Number | Unit Title | Level | TQT | GLH | | | | |
|-------------|--|-------|-----|-----|--|--|--|--|
| Mando | Mandatory Units – Candidates must complete all units in this group. | | | | | | | |
| J/651/2395 | Health and Safety in a Salon Environment | 2 | 10 | 10 | | | | |
| L/651/2397 | Infection Control and Prevention for Cosmetic, Aesthetic and Needle Related Treatments | 2 | 25 | 20 | | | | |
| H/651/2401 | Providing Initial Consultation with Client | 4 | 125 | 100 | | | | |
| Optional l | Optional Units Optional Units – Candidates must complete at least one unit in this group. | | | | | | | |
| F/651/3671 | Principles and Practice of Photo- Rejuvenation Treatments | 4 | 120 | 100 | | | | |
| F/651/3716 | Principles and Practice of Hair Growth Reduction | 4 | 120 | 100 | | | | |



Centre Requirements

Centres must be approved to deliver this qualification. If your centre is not approved to deliver this qualification, please complete and submit the ProQual Additional Qualification Approval Form.

Materials produced by centres to support candidates should:

- Enable them to track their achievements as they progress through the learning outcomes and assessment criteria.
- Provide information on where ProQual's policies and procedures can be viewed.
- Provide a means of enabling Internal and External Quality Assurance staff to authenticate evidence.

Centres must have appropriate resources to allow candidates to complete the practical activities described in this specification.



Certification

Candidates who achieve the requirements for this qualification will be awarded:

- A certificate listing all units achieved, and
- A certificate giving the full qualification title:

ProQual Level 4 Certificate in Skin Treatment Using Laser, IPL and High Energy LED Devices

Claiming certificates

Centres may claim certificates for candidates who have been registered with ProQual and who have successfully achieved the qualification. All certificates will be issued to the centre for successful candidates.

Unit certificates

If a candidate does not achieve all of the units required for a qualification, the centre may claim a unit certificate for the candidate which will list all of the units achieved.

Replacement certificates

If a replacement certificate is required a request must be made to ProQual in writing. Replacement certificates are labelled as such and are only provided when the claim has been authenticated. Refer to the Fee Schedule for details of charges for replacement.



Assessment Requirements

Each candidate is required to produce a portfolio of evidence which demonstrates their achievement of all of the learning outcomes and assessment criteria for each unit.

Evidence can include:

- Observation report by assessor.
- Assignments/projects/reports.
- Professional discussion.
- Witness testimony.
- Candidate product.
- Worksheets.
- Record of oral and written questioning.
- Recognition of Prior Learning.

Candidates must demonstrate the level of competence described in the units. Assessment is the process of measuring a candidate's skill, knowledge and understanding against the standards set in the qualification.

Centre staff assessing this qualification must be occupationally competent and qualified to make assessment decisions. Assessors who are suitably qualified may hold a qualification such as, but not limited to:

- ProQual Level 3 Certificate in Teaching, Training and Assessment.
- ProQual Level 3 Award in Education and Training.
- ProQual Level 3 Award in Assessing Competence in the Work Environment. (Suitable for assessment taking place in a working salon only.)
- ProQual Level 3 Award in Assessing Vocational Achievement.

 (Suitable for assessment taking place in a simulated training environment only.)

Candidate portfolios must be internally verified by centre staff who are occupationally knowledgeable and qualified to make quality assurance decisions. Internal verifiers who are suitably qualified may hold a qualification such as:

- ProQual Level 4 Award in the Internal QA of Assessment Processes and Practice.
- ProQual Level 4 Certificate in Leading the Internal QA of Assessment Processes and Practice.

Occupationally competent means capable of carrying out the full requirements contained within a unit. **Occupationally knowledgeable** means possessing relevant knowledge and understanding.



Enquiries, Appeals and Adjustments

Adjustments to standard assessment arrangements are made on the individual needs of candidates. ProQual's Reasonable Adjustments Policy and Special Consideration Policy sets out the steps to follow when implementing reasonable adjustments and special considerations and the service that ProQual provides for some of these arrangements.

Centres should contact ProQual for further information or queries about the contents of the policy.

All enquiries relating to assessment or other decisions should be dealt with by centres, with reference to ProQual's Enquiries and Appeals Procedures.



Units – Learning Aims and Assessment Criteria

| Title: | | | | d Safety conment | | Level: | 2 | |
|--------|------------------------------------|------------|-----------------------------------|----------------------------|---|---|---|----------------------------|
| Unit N | umber: | J/651/2395 | 395 TQT: 10 GLH: 10 | | 10 | | | |
| | | | | sment Critei arner can: | ria | | | |
| 1 | Prepare salon areas for treatment. | | 1.1 | Identify c environm | | azards and ri | isks in a salon | |
| | | | 1.2 | practition | | ng out beaut | uirements for y treatments, | |
| | | | | The Do (RI) Mo Re Co | e Reportin Ingerous (DDOR). Inual Han gulations. Introl of Su | Occurrences Idling Operat | Diseases and Regulations tions azardous to | |
| | | | | 1.3 | | | ean, disinfectools and equi | t and sterilise ipment. |
| | | | 1.4 | Explain th and disint | | ice between | sterilisation | |
| | | | 1.5 | procedur | es and are tools and | portant to foll ny given instru d equipment | uctions when | |
| | | | 1.6 | condition Lig He | | ed environm en treatmen mfort. | | |



| 1 | Continued | 1.7 | Explain why it is important that the above environmental conditions are provided. |
|---|---------------------------------|-----|--|
| | | 1.8 | Explain why it is important to maintain personal hygiene, protection and appearance according to accepted industry and organisational standards. |
| | | 1.9 | Explain the reasons and importance of keeping records of treatments. |
| 2 | Maintain salon treatment areas. | 2.1 | Explain how to safely dispose of waste materials and products from beauty treatments. |
| | | 2.2 | Explain the requirements for re-stocking products and other items. |
| | | 2.3 | Describe own responsibilities in relation to the storage of: |
| | | | Equipment.Products.Client Records. |
| | | 2.4 | Describe how the work area should be left after a treatment. |
| | | 2.5 | Explain why it is important to leave the work area in the condition described above. |



Additional Assessment Information

This unit is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Centres may use the appropriate ProQual Candidate Workbook, or their own, centre devised, assignments.

This unit is a **common unit**. Centres should be aware that candidates may have completed this unit as part of another ProQual Hair and Beauty qualification and may be eligible for recognition of prior learning.



| Title: | Preve Aesth | rion Control and ntion for Cosmetic, etic and Needle ed Treatments | | | | |
|---|----------------|--|--|--|-------------|-----------------|
| Unit Number: | L/651/23 | 97 T (| QT: | 25 | GLH: | 20 |
| Learning Outc The learner will | | | ment Crite rner can: | ria | | |
| 1 Understand non- infectious and infectious hazards that are associated with cosmetic, aesthetic and needle treatments. | | 1.1 | BaFurVir | cteria. ngi. uses. the ideal co | | r the growth of |
| | | | Define the term "pathogen". | | | |
| | | | BaFur | ommon illnes cteria. ngi. uses. | ss caused b | oy: |
| | | 1.5 | Define the | e term "parc | ısite". | |
| | | 1.6 | | e difference asite and an | | |
| | | | Identify th colonise h | i ree commo numans. | n ectopar | asites that |
| | | 1.8 | Explain th colonisati | | between | infection and |
| | | 1.9 | • Loc | what is mea calised infec temic infect | tion. | |



| 1 | Continued | 1.10 | Describe what is meant by:Direct transmission. |
|---|---|------|---|
| | | | Indirect transmission.Vector transmission. |
| | | 1.11 | Describe how, within the salon environment, an infective agent could: |
| | | | Enter the body.Be transmitted from person to person. |
| | | 1.12 | Identify common non-infectious hazards that might arise as part of cosmetic, aesthetic or needle treatments. |
| | | 1.13 | Explain how an injury to the skin can be a risk to an individual. |
| | | 1.14 | Identify treatments within the salon that would require the use of infection control procedures. |
| 2 | Understand how to control non-infectious and infectious risk. | 2.1 | Explain the roles and responsibilities of the employer and employee in the prevention and control of infection. |
| | | 2.2 | Explain how the skin acts as a defence against infection. |
| | | 2.3 | Describe the procedures that would be followed, in relation to infection prevention and control, for: |
| | | | Consultation. Aftercare. Hand hygiene. Environment management. Equipment management. Cleaning, disinfecting and sterilisation. Personal protective equipment. Management of body fluids. Needle stick injuries. Waste disposal and collection. Management of occupational exposure. |



Additional Assessment Information

This unit is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Centres may use the appropriate ProQual Candidate Workbook, or their own, centre devised, assignments.

This unit is a **common unit**. Centres should be aware that candidates may have completed this unit as part of another ProQual Hair and Beauty qualification and may be eligible for recognition of prior learning.



| Title: | Providing Initial Consultation with Client | | Level: | 4 | | | | |
|--------|--|----------|--------|--|--|--|--------------------------------|--|
| Unit N | umber: | H/651/24 | 401 | QT: | 125 | GLH: | 100 | |
| | Learning Outcomes The learner will be able to: | | | Assessment Criteria The learner can: | | | | |
| 1 | consultation process. | | 1.1 | competer and safe | nt profess working p efer to ot | sionals to supp oractices, inclu her non-healt | Jding how and | |
| | | | 1.2 | practice of | and work ents, whe | ust comply wi within the leg n undertaking | islative | |
| | | | 1.3 | document developm • Up • Pol • Pro | ting con nent inclu -to-date icies. cedures. | information. | | |
| | | | 1.4 | | raindicat | s why medica e the non-surç | l conditions gical cosmetic | |
| | | | 1.5 | | ents for o | ive and insura btaining medi | | |
| | | | 1.6 | the client | in a prof | ance of comn essional mann wn competen | | |



| 1 Continued | 1.7 | Explain why you must develop and agree a non-surgical cosmetic procedure plan including: Declared current medical status. Procedure history. Relative and absolute contraindications. Skin classification, condition and sensitivity. Skin healing capacity. Client's expectations. The client's physical and psychological suitability for the non-surgical cosmetic procedure. |
|-------------|------|---|
| | 1.8 | Discuss the relationship and impact between the following needs: Social. Physical. Psychological. Physiological. Social influences. The media. Trends. |
| | 1.9 | Explain how your own continuous professional development can support the client to make an informed choice, including alternative treatment options. |
| | 1.10 | Explain how to manage the client's expectations, including the importance of explaining: Procedure process. Expected outcomes. Associated risks. |
| | 1.11 | Describe the benefits of using visual aids during consultation. |



| 1 | Continued | 1.12 | Describe the legislative, insurance and organisational requirements for: Gaining signed, informed consent from the client for the non-surgical cosmetic procedure. Upholding the rights of the client and practitioner. Taking and storing of visual media of the clients treatment area. Completing and storing the client's non-surgical cosmetic procedure records. |
|---|--|------|--|
| | | 1.13 | Explain why non-surgical cosmetic procedures are prohibited for minors, including the age at which a client is classed as a minor and how this differs nationally. |
| | | 1.14 | Explain the importance of explaining the physical sensation created by the procedure to the client, including how pain threshold and sensitivity varies from client to client, including the types of pain management and associated risks. |
| | | 1.15 | State the reasons for providing and obtaining confirmation of receipt from the client for the verbal and written instructions and advice pre and post the non-surgical cosmetic procedure. |
| 2 | Understand the skin analysis process. | 2.1 | Explain the legal requirements and other relevant standards, insurance guidelines and organisational protocols when carrying out a skin analysis, including the importance of working within the scope of your practice. |
| | | 2.2 | Describe how to maintain your role and responsibilities for the health, safety and welfare of the individual and yourself before, during and after the skin analysis. |



| 2 | Continued | 2.3 | Explain the rationale for carrying out skin analysis, expected findings in different skin types and the role of evidence-based practice. |
|---|-----------|-----|---|
| | | 2.4 | State the protocols for the correct and safe use of skin analysis technologies. |
| | | 2.5 | Describe how to interpret outcomes from the skin analysis procedure, including how to evaluate the features and severity of presenting skin conditions in relation to known skin classifications. |
| | | 2.6 | Describe how to review and monitor the following skin conditions including: |
| | | | Lax elasticity. Hyper and hypo pigmentation. Congested. Pustular. Fragile. Vascular. Sensitised. Sensitive. Dehydrated. Photo-sensitive. Photo-aged. Lacklustre. |
| | | 2.7 | Explain the reasons for taking consensual visual media of the individuals treatment area and storing in accordance with the service, legislative, insurance and organisational requirements. |
| | | 2.8 | Describe how the skin consultation, initial assessment, available evidence and the skin analysis outcomes collectively inform a bespoke treatment plan. |
| | | 2.9 | Describe the importance of recognising suspicious skin irregularities and lesions, and referring to a relevant health professional where necessary. |



| 2 | 2 Continued | 2.10 | Explain how to develop an agreed treatment plan with the individual based on the conclusion of the skin analysis, to include: The impact on the prognosis. The variety of options available for management. |
|---|-------------|------|---|
| | | 2.11 | Describe how to complete accurate, secure and contemporaneous records of the information gathered and the outcomes of the skin analysis to meet legal requirements and organisational protocols, considering: |
| | | | The rights of the individual.Audit and accountability. |
| | | 2.12 | Explain how and why the skins barrier function is impaired by aesthetic procedures, including: |
| | | | The increased risk of photosensitivity and ways to protect the skin. |
| | | 2.13 | Describe the adverse reactions associated with aesthetic procedures and how to respond, including: |
| | | | Infection. Wounds. Oedema. Hypertrophic and atrophic scarring. Increased photosensitivity reaction. |



| 3 | Undertake a client consultation. | 3.1 | Carry out a concise and comprehensive nonsurgical cosmetic consultation, taking account of: The individual's declared medical history and current medical status. The individual's procedure history. The individual's skin classification, condition, sensitivity and healing capacity of the treatment area. The individual's concerns, expectations and desired outcomes. The individual's physical and psychological suitability for the nonsurgical cosmetic procedure. Declared relative and absolute contraindications and restrictions. |
|---|-------------------------------------|-----|---|
| | | 3.2 | Recognise, respond and sign-post appropriately in response to any disclosed conditions in compliance with data legislation. |
| | | 3.3 | Discuss the individual's objectives, concerns, expectations and desired outcomes to inform the non-surgical cosmetic procedure plan to include; |
| | | | Alternative treatment options. |
| | | 3.4 | Discuss the fee structures and explain how this can impact the individual's choice of non-surgical cosmetic procedures. |
| | | 3.5 | Discuss and agree the skin priming programme or recommendations required prior to the non-surgical cosmetic procedure. |
| | | 3.6 | Assess, discuss, agree and document the non- surgical cosmetic consultation and expected procedure outcomes and associated risks with the individual. |
| | | 3.7 | Inform and provide information to the individual of their rights. |



| 0 | 0 1: 1 | 0.0 | L |
|---|-------------------------|------|--|
| 3 | 3 Continued | 3.8 | Take and store consensual visual media of the individual's treatment area in accordance with insurance requirements, organisational policies and procedures. |
| | | 3.9 | Discuss the physical sensation which may occur during the non-surgical cosmetic procedure with the individual following the procedure protocol. |
| | | 3.10 | Discuss the options for pain management. |
| | | 3.11 | Develop the non-surgical cosmetic procedure plan. |
| | | 3.12 | Provide and obtain confirmation of receipt of the verbal and written instruction and advice given to the individual pre- and post-procedure. |
| 4 | Perform a skin analysis | 4.1 | Follow legal requirements and other relevant standards, insurance guidelines, and organisational protocols when carrying out a skin analysis, including: |
| | | | Maintaining your responsibilities for the health, safety, hygiene and welfare of the individual and yourself before, during and after the skin analysis. |
| | | 4.2 | Ensure the individual's undertaking and obtain informed consent for the proposed investigative procedure. |
| | | 4.3 | Identify and select the technology equipment to be used to carry out the skin analysis to determine, review and monitor the presenting skin condition, following organisational protocols. |
| | | 4.4 | Record and securely store visual media for future reference and monitoring purposes in accordance with legislative, regulatory and indemnity requirements. |



| 4 | Continued | 4.5 | Evaluate the presenting skin type and skin condition against known skin classifications. |
|---|-----------|--|---|
| | 4.6 | Collate, record, analyse and evaluate the information gathered from the skin consultation, the skin analysis and available evidence base relating to the presenting skin condition to inform the treatment plan. | |
| | | 4.7 | Discuss, formulate and agree with the individual the outcome based on the conclusion of the skin analysis to include: |
| | | | The best interests of the individual. Ethical responsibilities working within your scope of practice. Adapting communication styles to meet the individual's needs. Contraindications and potential comorbidities. |
| | | 4.8 | Review and reflect on your performance to inform continuous professional development. |



Additional Assessment Information

Learning Outcomes 1 and 2 are **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcomes 3 and 4 are **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An assessor's report is completed by a qualified assessor who observes the
 candidate carrying out practical work. The assessor will make assessment
 decisions as they observe and record these in the report, alongside a
 commentary of what they observe.
- A witness statement is completed by a suitably qualified or experienced expert
 who observes the candidate carrying out practical work. The witness statement
 will contain only a commentary of what has been observed. An assessor must
 then use the witness statement, alongside any additional evidence to make
 assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates. It is expected that competence of each assessment criteria will be observed **at least twice**, **across five treatments** before it is awarded.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.



| Title: | | | | s and Practice of ejuvenation nts | | | |
|--|--|--------------------------------------|-------------------------|--|--|--|----------------|
| Unit Numbe | er: | F/651/36 | 571 | TQT: | 120 | GLH: | 100 |
| Learning Outcomes The learner will be able to: | | Assessment Criteria The learner can: | | | | | |
| provi rejuv | Understand how to provide photo-rejuvenation | | 1.1 | | ents for pe | n, safety and herforming photo nents. | |
| treat | ments. | | 1.2 | | Explain why it is important that the treatment area is well illuminated. | | |
| | | 1.3 | Explain ho | Explain how to use and maintain marking out tools. | | | |
| | | 1.4 | | Describe the different types of approved cooling methods and when to use them. | | | |
| | | | 1.5 | including: • He • Tor | ad, face (| epare the trea | tment area, |
| | | | 1.6 | benefits c Las IPL | ind their lii ser device devices. | | evice, their |
| | | | 1.7 | Identify th spectrum | • | the electromo | agnetic |
| | | 1.8 | Explain ho described | - | nd laser device asured. | e outputs are | |
| | | | 1.9 | Explain th | e role of t | he laser protec | ction advisor. |



| 1 Continued | Continued | 1.10 | Explain the following labels found on laser, IPL, and LED devices: Compliance. Classification. Manufacturer service. User maintenance. Warning. |
|-------------|-----------|------|--|
| | | 1.11 | Describe how to use at least one of the following devices: • Laser devices. • IPL devices. • High energy LED devices. |
| | | 1.12 | Describe the causes and hazards of accidental exposure to optical radiation. |
| | | 1.13 | Describe the legal restrictions in relation to optical radiation. |
| | | 1.14 | Explain how optical radiation interacts with the intended chromophore. |
| | | 1.15 | Explain the principles of light-tissue interactions and selective photothermolysis. |
| | | 1.16 | Describe the signs and symptoms of the following adverse reactions: Excessive skin greying or whitening. Lesion colour changes. Hyperaemia and irritation. Blistering. Hyperpigmentation. Hypopigmentation. Excessive oedema. Excessive discomfort. Excessive bruising. Scarring. Oozing and crusting. Burns. Eye injuries requiring medical referral. Dizziness. Fainting. |



| 1 | Continued | 1.17 | Explain how skin treatments using high energy devices can cause the following adverse reactions: Excessive skin greying or whitening. Lesion colour changes. Hyperaemia and irritation. Blistering. Hyperpigmentation. Hypopigmentation. Excessive oedema. Excessive discomfort. Excessive bruising. Scarring. Oozing and crusting. Burns. Eye injuries requiring medical referral. Dizziness. |
|---|---|------|---|
| 2 | Provide photo- rejuvenation treatments. | 2.1 | Carry out a consultation with the client, including: Discussing treatment history. Identifying potential contraindications and responding appropriately. Discussing and agreeing the treatment objectives. Discussing the treatment timescales and fees. Discussing potential adverse reactions. Obtaining the client's informed consent for the treatment. |
| | | 2.2 | Prepare the treatment area for the treatment. |
| | | 2.3 | Select appropriate equipment and equipment variables for the treatment, covering at least one of the following: Laser devices. IPL devices. High energy LED devices. |



| 2 | Continued | 2.4 | Complete the treatment, following the treatment protocol and manipulating the skin for optimal treatment outcome, using at least one of the following: |
|---|-----------|------|---|
| | | | Laser devices.IPL devices.High energy LED devices. |
| | | 2.5 | Monitor the client's health and wellbeing throughout the treatment, including responding appropriately to any adverse reactions. |
| | | 2.6 | Conclude the treatment, including safely storing the equipment, for at least one of the following: • Laser devices. |
| | | | IPL devices.High energy LED devices. |
| | | 2.7 | Perform photo-rejuvenation treatments for the following treatment areas: |
| | | | Head, face and neck.Torso.Limbs. |
| | | 2.8 | Complete the client's treatment records, including photographic evidence of the treatment area, and store in accordance with legal and organizational requirements. |
| | | 2.9 | Provide verbal and written advice and guidance to the client, including: • Client's legal rights and responsibilities. |
| | | | Treatment maintenance. Post-treatment expectations and associated timeframes. Restrictions and contra-actions. Additional products and treatments. |
| | | 2.10 | Evaluate own performance, including: |
| | | | Areas of strength.Areas for improvement.How these areas will be improved. |



Endorsement Requirements

This unit must be endorsed with at least one of the following:

- Laser Devices.
- IPL Devices.
- High Energy LED Devices.



Additional Assessment Information

Learning Outcome 1 is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An assessor's report is completed by a qualified assessor who observes the
 candidate carrying out practical work. The assessor will make assessment
 decisions as they observe and record these in the report, alongside a
 commentary of what they observe.
- A witness statement is completed by a suitably qualified or experienced expert
 who observes the candidate carrying out practical work. The witness statement
 will contain only a commentary of what has been observed. An assessor must
 then use the witness statement, alongside any additional evidence to make
 assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates. It is expected that competence of each assessment criteria will be observed **at least twice**, **across five treatments** before it is awarded.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.



| Title: | | oles and Practice of Level: 4 rowth Reduction | | | | | |
|--|--------------------|--|--|---|---|-----------------|--|
| Unit Number: | F/651/37 | 16 T C | QT: | 120 | GLH: | 100 | |
| | | | Assessment Criteria The learner can: | | | | |
| 1 Understand to provide hair reduction tre | growth atments, | 1.1 | | ents for pe | n, safety and erforming hair nts. | . • | |
| using high er devices. | nergy | 1.2 | Explain wharea is we | | oortant that th ited. | ne treatment | |
| | | 1.3 | Explain ho | Explain how to use and maintain marking out tools. | | | |
| | | 1.4 | Describe the different types of approved cooling methods and when to use them. | | | | |
| | | 1.5 | including: | ad, face so. | epare the tre | atment area, | |
| | | 1.6 | benefits aLasIPL | nd their li er device devices. | | | |
| | | 1.7 | Identify the spectrum. | • | f the electron | nagnetic | |
| | | 1.8 | Explain ho | | | ce outputs are | |
| | | 1.9 | Explain th | e role of t | he laser prote | ection advisor. | |



| 1 | Continued | 1.10 | Explain the following labels found on laser, IPL and LED devices: |
|---|-----------|------|--|
| | | 1.11 | Describe how to use at least one of the following devices: • Laser devices. • IPL devices. • High energy LED devices. |
| | | 1.12 | Describe the causes and hazards of accidental exposure to optical radiation. |
| | | 1.13 | Describe the legal restrictions in relation to optical radiation. |
| | | 1.14 | Explain how optical radiation interacts with the hair and skin, including: The principles of light tissue interactions using red and infrared wavelengths to achieve selective photothermolysis. The reasons why paradoxical laser and light induced hair growth occurs. The clinical outcomes expected from hair growth reduction using laser, intense light sources and aesthetic energy-based devices. |
| | | 1.15 | Describe the hazards of treating hair bearing sites that contain pigmented lesions. |



| 1 | Continued | 1.16 | Describe the signs and symptoms of the following adverse reactions: Excessive skin greying or whitening. Lesion colour changes. Hyperaemia and irritation. Blistering. Hyperpigmentation. Hypopigmentation. Excessive oedema. Excessive discomfort. Excessive bruising. Scarring. Oozing and crusting. Burns. Eye injuries requiring medical referral. Dizziness. |
|---|-----------|------|---|
| | | 1.17 | Explain how skin treatments using high energy devices can cause the following adverse reactions: Excessive skin greying or whitening. Lesion colour changes. Hyperaemia and irritation. Blistering. Hyperpigmentation. Hypopigmentation. Excessive oedema. Excessive discomfort. Excessive bruising. Scarring. Oozing and crusting. Burns. Eye injuries requiring medical referral. Dizziness. Fainting. |



| 2 | Provide hair growth reduction treatments using high energy devices. | 2.1 | Carry out a consultation with the client, including: Discussing treatment history. Identifying potential contraindications and responding appropriately. Discussing and agreeing the treatment objectives. Discussing the treatment timescales and fees. Discussing potential adverse reactions. Obtaining the client's informed consent for the treatment. |
|---|---|-----|---|
| | | 2.2 | Prepare the treatment area for the treatment. |
| | | 2.3 | Select appropriate equipment and equipment variables for the treatment, covering at least one of the following: • Laser devices. • IPL devices. • High energy LED devices. |
| | | 2.4 | Complete the treatment, following the treatment protocol and manipulating the skin for optimal treatment outcome, using at least one of the following: • Laser devices. |
| | | | IPL devices.High energy LED devices. |
| | | 2.5 | Monitor the client's health and wellbeing throughout the treatment, including responding appropriately to any adverse reactions. |
| | | 2.6 | Conclude the treatment, including safely storing the equipment, for at least one of the following: |
| | | | Laser devices.IPL devices.High energy LED devices. |



| 2 | 2 Continued | 2.7 | Perform hair reduction treatments for the following treatment areas: Head, face and neck. Torso. Limbs. |
|---|-------------|------|--|
| | | 2.8 | Complete the client's treatment records, including photographic evidence of the treatment area, and store in accordance with legal and organizational requirements. |
| | | 2.9 | Provide verbal and written advice and guidance to the client, including: Client's legal rights and responsibilities. Treatment maintenance. Post-treatment expectations and associated timeframes. Restrictions and contra-actions. Additional products and treatments. |
| | | 2.10 | Evaluate own performance, including: Areas of strength. Areas for improvement. How these areas will be improved. |



Endorsement Requirements

This unit must be endorsed with at least one of the following:

- Laser Devices.
- IPL Devices.
- High Energy LED Devices.



Additional Assessment Information

Learning Outcome 1 is **knowledge based**. This means that evidence is expected to take the form of candidate's written work and/or records of appropriate professional discussions.

Learning Outcome 2 is **competency based**. This means that the candidate is expected to perform the tasks, and demonstrate the level of competence, outlined in the assessment criteria. It is expected that evidence will be a combination following:

- Photographic and/or video evidence of the candidate's practical work.
- Assessor's observation report.
- Expert witness testimony.
- Candidate reflection on own practical work.

An observation report and witness testimony are differentiated as follows:

- An assessor's report is completed by a qualified assessor who observes the
 candidate carrying out practical work. The assessor will make assessment
 decisions as they observe and record these in the report, alongside a
 commentary of what they observe.
- A witness statement is completed by a suitably qualified or experienced expert
 who observes the candidate carrying out practical work. The witness statement
 will contain only a commentary of what has been observed. An assessor must
 then use the witness statement, alongside any additional evidence to make
 assessment decisions.
- In all cases, an assessor's report is preferred as evidence over a witness statement; as it is always better for an assessor to observe a candidate live.

Assessors may wish use to use a checklist or evidence matrix to organise and track the assessment outcomes that have been achieved, but these **do not**, in themselves, constitute evidence of achievement.

An assessor's report or witness statement alone is unlikely to be sufficient evidence of achievement. Reports and statements should always be accompanied by photographic and/or video evidence.

Centres may use the appropriate ProQual Candidate Workbook to organise candidate evidence or may use their own portfolio templates. It is expected that competence of each assessment criteria will be observed at least twice, across five treatments before it is awarded.

Evidence of practical skills **may** be simulated, provided:

- The simulated environment matches, as close as possible, the real-world working environment.
- The candidate performs any assessed treatment on a live model.



Appendix One – Command Verb Definitions

The table below explains what is expected from each **command verb** used in an assessment objective. Not all verbs are used in this specification.

| Apply | Use existing knowledge or skills in a new or different context. |
|-----------|---|
| Analyse | Break a larger subject into smaller parts, examine them in detail and show how these parts are related to each other. This may be supported by reference to current research or theories. |
| Classify | Organise information according to specific criteria. |
| Compare | Examine subjects in detail, giving the similarities and differences. |
| Describe | Provide detailed, factual information about a subject. |
| Discuss | Give a detailed account of a subject, including a range of contrasting views and opinions. |
| Evaluate | As with compare but extended to include pros and cons of the subject. There may or may not be a conclusion or recommendation as appropriate. |
| Explain | As with describe, but extended to include causation and reasoning. |
| Identify | Select or ascertain appropriate information and details from a broader range of information or data. |
| Interpret | Use information or data to clarify or explain something. |
| Produce | Make or create something. |
| State | Give short, factual information about something. |
| Specify | State a fact or requirement clearly and in precise detail. |





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