**Alt Valley Communiversity**

**Learner Review**

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| --- | --- | --- | --- |
| **Learner name:** | | | **Review No:** |
| **Planned Date:** | **Actual Date:** | **Location:** | |

**Units achieved (T= theory complete A= unit assessed) L3 Beauty Therapy Message**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mandatory | | Mandatory | | Mandatory | | Mandatory | | Mandatory | | Mandatory | | Optional | | Optional | |
| UG31G22 | | UG31H32 | | UB30B20 | | UB30B23 | | UB30B24 | | UB30B28 | | UB30B25 | | UG31G11 | |
| T | A | T | A | T | A | T | A | T | A | T | A | T | A | T | A |

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| **Tutor/assessor comment** (progress, attendance, timekeeping etc) |

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| **Health & safety**  **Equality & diversity**  **Safeguarding** |

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| **Learner review part 2**  **Progress on mandatory components**   |  |  |  | | --- | --- | --- | | **Maths** | **Tutor comment:** | **Tutor signature:** | | **English** |  |  | | **ICT** |  |  | |

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| --- | --- |
| **ERR** |  |
| **PLTS** |  |

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| **Actions:** | **Target date:** |

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| **Learner comments:** |

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| **Placement provider comments and feedback on learner progress:** |

**Review Part 3**

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| **Details of in-house training/qualifications/knowledge gained:** |

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| Signed in agreement by all parties | Date: |
| Learner name: | Learner signature |
| Tutor/assessor name: | Tutor/assessor signature |
| Placement provider name: | Placement provider signature: |