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**PORTFOLIO CHECKLIST**

**CSDA03 Level 4 Award in Skin Health Assessment for Aesthetic Practitioners**

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| |  |  | | --- | --- | | **Centre Name** |  | | **Learner Name** |  | | **Learner Number** |  | | |  |
|  | **Date Completed** | **Tutor Signature** | |
| **Investigative Consultation & Advanced Skin Assessment** |  |  | |
| **Case Studies - Consultation** |  |  | |

**DECLARATION**

I confirm that the evidence provided is as a result of my own work and where necessary any quotes or references have been clearly identified as such.

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| --- | --- | --- | --- |
| **Signature of Learner** |  | **Date** |  |