

ELLEEBANA LASH LIFT CRITERIA CHECKLIST FORM

WORKSHOP VENUE: _____ DATE: _____

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|-----|---|-------------------------------------|
| | | <input checked="" type="checkbox"/> |
| 1 | Station set up – all products displayed neatly, organized with a clean area. | <input type="checkbox"/> |
| 1.1 | Wash hands and prepare for treatment – towels, disposables and access to warm and cold water. | <input type="checkbox"/> |
| 2 | Consultation of client – Indemnity form, patch test, contraindications, procedure explained, treatment outcome and aftercare explained. | <input type="checkbox"/> |
| 3 | Cleanse and prepare the eye area and remove make up and natural oils. | <input type="checkbox"/> |
| 3.1 | Correct protection of lower lashes using eye pads. | <input type="checkbox"/> |
| 4 | Correct rod size selection using the measuring method. | <input type="checkbox"/> |
| 5 | Correct amount of adhesive applied along the chosen silicone rod. | <input type="checkbox"/> |
| 6 | Correct rod placement on the lash line/water line with the wide section of the rod on the outer edges of the eye. | <input type="checkbox"/> |
| 6.1 | Check that no lashes are caught underneath the rod. | <input type="checkbox"/> |
| 6.2 | Apply correct amount of adhesive to the top of the silicone rod and wait for the adhesive to become tacky. | <input type="checkbox"/> |
| 6.3 | Lift and roll the lashes using the lash lifter tool onto the silicone rod. | <input type="checkbox"/> |
| 6.4 | Correct lash separation with no cross overs, clumps and a complimentary direction. | <input type="checkbox"/> |
| 7 | Apply the correct amount of lift lotion from 1mm above the base of the lash evenly to ¾ of the way up the natural lash. Ensure the coating is an even and milky in appearance the whole way along the lash. | <input type="checkbox"/> |
| 7.1 | Remove any lotion that is above the ¾ mark on the lashes. No lotion must be on the tips of the lashes or on the skin. | <input type="checkbox"/> |
| 8 | Cover eyes gently with makeup remover pads and towel to allow heat generation. | <input type="checkbox"/> |
| 9 | Time the processing of the treatment 6 – 10 minutes. 6 minutes for all first time clients | <input type="checkbox"/> |
| 10 | Correct removal of lift lotion using cotton buds, water, pads and tissue | <input type="checkbox"/> |
| 11 | Apply setting lotion for 5 minutes in the same way as the lift lotion | <input type="checkbox"/> |
| 12 | Prepare warm water for removal | <input type="checkbox"/> |
| 13 | Soak, rinsing and remove the product and silicone rods using the kidney dish and ample water. All product must be well rinsed and removed from the lashes | <input type="checkbox"/> |
| 13 | Use a mascara wand to brush the lashes and remove any adhesive residue from the eyelid or lashes | <input type="checkbox"/> |
| 14 | Give client a tissue and mirror to view the lashes (or prepare for tint procedure) | <input type="checkbox"/> |
| 15 | Correct aftercare instructions given and re-book client | <input type="checkbox"/> |

I, the trainee, acknowledge that I have been shown the Elleebana lash lift training manual and procedure and that I understand all techniques and elements and I am satisfied with my training. I understand I must submit my competent case study images by email as directed by my trainer before I will receive my certificate and I have three months to submit my case studies for assessment. I understand that follow up support can be obtained from trainer or the head office in my country by phone or email.

Please indicate the address where you want your certificate sent by marking the below next to either the personal address or the salon address.

Trainee Name:	Email:
Personal Phone:	
Personal Address:	

Do you agree to your salon being listed on our website as a salon that offers Elleebana Lash Lifting treatment? yes no
If not please still complete the salons details but mark the "No" section – this means we keep your salons details private but we can still contact you or send you information if need be.

If you are a home salon and wish your salon details to be listed on our website please indicate by completing the section below your salons details that you want us to share

Salon Name:	Salon Email:
Salon Phone:	Salon Website:
Salon Address:	

Trainer Signed: _____ **Trainee Signed:** _____

Please note: This form is to be completed at your workshop and given to your trainer for certificates to be issued. No certificate will be issued without a completed criteria checklist. Please ensure handwriting is legible and spelling is correct – we are not responsible for incorrect spelling on certificates if writing is illegible. Please note there is an additional charge for certificate re-prints.