



TEG812

## ITEC LEVEL 2

### Treatment Evidence Guidance Form

#### Unit 812 – Provide Nail Art

**4 nail art treatments to be performed and the outcomes documented. Evidence must include all of the techniques as listed on the treatment evidence form and one treatment must be performed on the toenails**

*To be completed by the assessor and internal verifier and externally verified by ITEC. Please attach a copy of this form to the front of each candidate's completed treatment evidence*

**Candidate Name:**

**Candidate Number:**

**Centre Name and ID Number:**

**Date:**

<i>Please tick box</i>	<b>Yes</b>	<b>No</b>
<b>Consultation</b>		
<b>Medical History</b>		
<b>Treatment Details (To Include Design Plans For Each Treatment)</b>		
<b>Before And After Photographs For Each Treatment</b>		
<b>Client Feedback</b>		
<b>Aftercare And Home Care Advice</b>		

**All treatments completed – Yes ☐ No ☐**

Please note **each** box must be ticked 'Yes' in order to gain a Pass grade. If any area is answered 'No' the treatment evidence will be referred until the omitted section is completed

**Signed by the Assessor**

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**Signed by the Candidate**

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**Signed by the Internal Verifier**

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**Signed by the ITEC External Verifier**

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