



**TEG800**

## **ITEC LEVEL 2**

### **Treatment Evidence Guidance Form**

#### **Unit 800 – Provide Facial Skincare**

**5 full facial treatments to be performed and the outcomes documented**

*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 learner's completed treatment evidence*

**Learner Name:**

**Learner 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</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***

***Signed by the Learner***

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***Signed by the Internal Verifier***

***Signed by the ITEC External Verifier***

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