



TEG815

ITEC LEVEL 2

Treatment Evidence Guidance Form

Unit 815 – Provide Threading

4 threading treatments to be performed and the outcomes documented. 2 of the 4 treatments must be full eyebrow re-shape treatments

*To be completed by the lecturer/assessor and quality assurer 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>	Yes	No
Consultation		
Medical History		
Treatment Details		
Client Feedback		
Aftercare And Home Care Advice		

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 Lecturer/Assessor

Quality Assured by:

Name:

Signature:

Signed by the Candidate

ITEC Examiner/External Verifier

Name:

Signature: