



TEG817

ITEC LEVEL 2

Treatment Evidence Guidance Form

Unit 817 – Provide Ear Piercing

2 ear piercing treatments to be performed and the outcomes documented

*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		
Before And After Photographs For Both Treatments		
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

Signed by the Candidate

Quality Assured by:

ITEC Examiner/External Verifier

Name:

Name:

Signature:

Signature: