



TEG822

**ITEC Level 3  
Treatment Evidence Guidance Form  
Unit 822 - Provide Body Massage**

**4 massage 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 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</b>			
<b>Client Feedback</b>			
<b>After Care 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 Candidate***

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***Signed by the Internal Verifier***

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

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