



TEG824

ITEC Level 3
Treatment Evidence Guidance Form
Unit 824 - Provide Facial Electrotherapy Treatments

5 facial electrotherapy treatments to be performed (covering the range of machine treatments) 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		
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: