



TEG827

ITEC Level 3
Treatment Evidence Guidance Form
Unit 827 - Provide Indian Head Massage

4 Indian Head massage treatments to be performed and the outcomes documented

To be completed by the assessor and internally quality assured 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 Assessor

Quality Assured by (signature)

Signed by the Candidate

Signed by the ITEC External Verifier
