



TEG829

### ITEC LEVEL 3

## Treatment Evidence Guidance Form

### Unit 829 – Provide Spa Treatments

**4 spa treatments to be performed and the outcomes documented. Evidence must include a minimum of 4 body wrap treatments to include exfoliation.**

*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>	<b>Yes</b>	<b>No</b>
<b>Consultation</b>			
<b>Medical History</b>			
<b>Treatment Details</b>			
<b>Client Feedback</b>			
<b>Aftercare 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 Lecturer/Assessor**

**Signed by the Candidate**

\_\_\_\_\_

\_\_\_\_\_

**Quality Assured by:**

**ITEC Examiner/External Verifier**

**Name:**

**Name:**

**Signature:**

**Signature:**