



TEG838

ITEC Level 3
Unit 838 - Apply Airbrush Make-Up to the Face
Treatment Evidence Guidance Form

4 face airbrush make-up 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:- to include skin sensitivity test, research materials, design details, photographs | | |
| 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: