



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: