



TEG840

### ITEC LEVEL 3

## Treatment Evidence Guidance Form

### Unit 840 - Design and Apply Nail Art

**3 nail art treatments to be performed and the outcomes documented. Evidence must include 1 treatment using liquid and coloured powders or coloured UV gel, using a minimum of 3 colours**

*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>Before And After Photographs For Each Treatment</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**

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**Quality Assured by:**

**ITEC Examiner/External Verifier**

**Name:**

**Name:**

**Signature:**

**Signature:**