



**TEG841**

**ITEC Level 3  
Unit 841 Airbrush Designs for Nails**

**Treatment Evidence Guidance Form**

**4 Airbrush Designs for Nail 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>	<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:**