



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>	Yes	No
Consultation		
Medical history		
Treatment details		
Before and after photographs for each treatment		
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:

Name:

Signature:

ITEC Examiner/External Verifier

Name:

Signature: