



TEG828

**ITEC Level 3  
Treatment Evidence Guidance Form  
Unit 828 - Provide Electrical Epilation**

**10 epilation treatments to be performed (5 SWD treatments and 5 Blend treatments) and the outcomes documented**

**Short Wave Diathermy: Evidence of 5 treatments, one of which must include the face:-  
Face, bikini line, underarms, chest/breast, abdomen.**

**The Blend: Evidence of 5 treatments, one of which must include the face:-  
Face, bikini line, underarms, chest/breast, abdomen.**

*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 To Include: Possible Reason For Hair Growth And Reaction To 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:**