



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>	Yes	No
Consultation		
Medical History		
Treatment Details To Include: Possible Reason For Hair Growth And Reaction To 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:

ITEC Examiner/External Verifier

Name:

Name:

Signature:

Signature: