



TEG849

**ITEC Level 4**  
**Treatment Evidence Guidance Form**  
**Unit 849 – Laser and Light Treatments for Hair Removal**

**5 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>Reaction During Treatment (include photographs of before and after 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:**