ITEC Level 4
Treatment Evidence Guidance Form
Unit 853 - Enhance Appearance using Micro-Pigmentation Treatment

9 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:

Please tick box	**Yes**	**No**
Consultation		
Medical History		
Reason for treatment		
Treatment details		
Reaction during treatment (Include photographs of before, during and after treatment including healed results)		
Client feedback		
After care 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:**