ITEC Unit 9 Skincare & Eye Treatments

Evidence of Treatments Guidance Form

5 treatments to be performed including 1 full facial treatment per client

To be completed by the lecturer and verified by the ITEC examiner
Please attach a copy of this sheet to the front of each learner's completed treatment evidence form

Learner Name:

Learner Number:

Centre Name:

Date:

Please tick box	**Yes**	**No**
Consultation		
Medical History		
Skin Analysis		
Treatment Details		
Client Feedback		
Aftercare and home care advice including retail recommendations		
Have all treatments been completed?		

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 ITEC Examiner

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Signed by the Lecturer

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Signed by the Learner

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