

# Treatment Evidence Guidance Form

iUBT294 – Facial electrical treatments

**Evidence of treating 5 clients using a minimum of 2 suitable facial electrical treatments per client. Learners should cover the full range of equipment throughout their treatments.**

To be completed by the lecturer and verified by the external 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			
Treatment details			
Client feedback			
After and home care advice			
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.

**External examiner name:** \_\_\_\_\_

**External examiner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lecturer/Assessor name:** \_\_\_\_\_

**Lecturer/Assessor name signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Learner name:** \_\_\_\_\_

**Learner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Document History

Version	Issue Date	Changes	Role
v1	03/09/2019	First published	Qualifications and Regulation Co-ordinator