

Treatment Evidence Guidance Form

iUBT291 – Make-up

Evidence of 5 treatments, including 1 treatment per client, to include one day, one evening, one special occasion, one bridal and one other make-up

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 | | | |
| Skin analysis | | | |
| Treatment details (including make-up chart detailing products used) | | | |
| Before and after photographs | | | |
| Client feedback | | | |
| Have all the 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 |
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