

Treatment Evidence Guidance Form

iUBT323 – Monitor and maintain spa area

Candidates must provide evidence of 3 spa client consultations and inductions. Spa treatment areas (steam, sauna and hydrotherapy) must be set up, monitored and shut down and the outcomes documented, as part of the client care and treatment process

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			
Aftercare And Home Care Advice			

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	27/09/2019	First published	Qualifications and Regulation Co-ordinator