

Treatment Evidence Guidance Form

iUBT331 – Provide eyelash and eyebrow treatments

A total of 5 treatments to be performed and the outcomes documented. Evidence must include eyelash and eyebrow tinting, full eyebrow re-shaping and eyebrow maintenance, and the application of both individual and strip artificial lashes.

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 signature: _____ **Date:** _____

Lecturer/assessor name: _____

Lecturer/assessor signature: _____ **Date:** _____

Learner name: _____

Learner signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	09/10/19	First published	Qualifications Administrator