

# Project Assessment Form

iUCT37 – Introduction to healthy eating and well-being for the complementary therapy client

**Instructions:**

- Assessors must use this form to evaluate learners’ submitted evidence, which may be a combination of some or all of the types listed below. Please indicate with a ✓ which source of information was submitted and accepted, and indicate with an × evidence submitted but not accepted
- Learners may re-submit evidence for further evaluation at any stage of their course in order to achieve success
- When all evidence has been submitted and accepted assessors must place a ✓ in the Project Completed box. This indicates a pass mark
- The form must be placed with the project evidence for ITEC external verification purposes

	List	Written Word	Chart	Treatment Form	Spider Diagram	Other Pictorial Presentation	Date Accepted
Basic knowledge of nutrients and their sources							
Balancing the diet and the importance of regular meals							
Eating disorders and conditions							
Review of the eating habits of one complementary therapy client to include general information on maintaining health and well-being							
Project Completed						Pass	

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

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

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

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

**Internal Quality Assurer name:** \_\_\_\_\_

**Internal Quality Assurer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**External Quality Assurer name:** \_\_\_\_\_

**External Quality Assurer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(if sampled)**

**Document History**

Version	Issue Date	Changes	Role
v1	09/10/2019	First published	Qualification Administrator