

Treatment Evidence Guidance Form

iUBT353 – Remove hair using waxing techniques

5 waxing treatments to be performed and the outcomes to be documented. Evidence must include all of the treatments as listed on the treatment evidence form.

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 homecare 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 signature: _____ **Date:** _____

Learner name: _____

Learner signature: _____ **Date:** _____

Internal verifier name: _____

Internal verifier signature: _____ **Date:** _____

Document History

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