

Treatment Evidence Guidance Form

iUBT354 – Apply make-up

5 make-up treatments to be performed and the outcomes documented.

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.

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

	Please tick box:	Yes	No
Consultation			
Medical history			
Treatment details (to include make-up chart for each treatment)			
Before and after photographs for each treatment			
Client feedback			
Aftercare and home care advice			
All treatments 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:** _____

Internal examiner name: _____

Internal examiner signature: _____ **Date:** _____

Assessor name: _____

Assessor name signature: _____ **Date:** _____

Learner name: _____

Learner signature: _____ **Date:** _____

Document History

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