

Treatment Evidence Guidance Form

iUBT404 – Provide manicure treatments

5 full manicure treatments (1 must be a French manicure, and 1 a specialised treatment with buffed finish).

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			
Treatments complete			

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:** _____

Document History

Version	Issue Date	Changes	Role
v1	14/10/2019	First published	Qualifications Administrator