

Treatment Evidence Guidance Form

iUBT396 – Apply airbrush make-up to the face

4 face airbrush 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 form.

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

	Please tick box:	Yes	No
Consultation			
Medical History			
Treatment details: to include skin sensitivity test, research materials, design details, photographs			
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 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