

# Treatment Evidence Guidance Form

iUBT381 – Provide nail art

**4 nail art treatments to be performed and the outcomes documented. Evidence must include all of the techniques as listed on the treatment evidence form and one treatment must be performed on the toenails. A minimum of 1 of the treatments must be observed by an employer in the workplace.**

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 design plans 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:** \_\_\_\_\_

**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	29/10/2019	First published	Qualifications Administrator