

# Treatment Evidence Guidance Form

iUBT326 – Laser and light treatments for hair removal

## 5 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			
Reaction during treatment (include photographs of before and after 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:** \_\_\_\_\_

## Document History

Version	Issue Date	Changes	Role
0.2	5/8/19	Amended unit code	Temp
v1	19/11/2019	First published	Qualification Administrator