

Treatment Evidence Guidance Form

iUBT367 – Apply microdermabrasion

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			
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	19/11/2019	First published	Qualifications Administrator