

# Treatment Evidence Guidance Form

iUBT349 – Enhance appearance using micro-pigmentation treatment

**Evidence of 9 micropigmentation treatments:**

- Eyebrows – Shaded/powder; Hair stroke; Other\*
- Eyes Liner – Lash Enhancement; Other\*
- Lips – Line; Shade; Other\*

**\*Other denotes another treatment which can be of the technician's choosing**

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			
Reason for treatment			
Treatment details			
Reaction during treatment (include photographs of before, during and after treatment including healed results)			
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: \_\_\_\_\_

Quality assured by name: \_\_\_\_\_

Quality assured by signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Document History

Version	Issue Date	Changes	Role
v1	19/11/2019	First published	Qualifications Administrator