

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