

# Treatment Evidence Guidance Form

## iUBT311 – Nail technology

### Evidence of 10 nail enhancement treatments to include:

#### Gel:

- 1 sculpting using pink and white gel
- 1 full set coloured UV gel enhancements
- 1 re-balance and reposition of white product, 1 client (nail biter) treated using tips and French opaque overlays
- 1 removal technique

#### Acrylic (liquid and powder):

- 1 sculpting using pink and white powder
- 1 full set coloured powder enhancements
- 1 rebalance and reposition of white product
- 1 client (nail biter) treated using tips and French opaque overlays
- 1 removal technique

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			
Photographs – before and after			
After and home care advice			
Have all the treatments been 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
v1	03/12/2019	First published	Qualifications Administrator