

# Portfolio of Evidence Guidance Form

iUBT304 – Body art design

**Evidence of 2 designs on a minimum of 2 individuals with differing characteristics and the outcome 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			
Research materials			
Design details, to include: <ul style="list-style-type: none"> <li>- 3D transfers</li> <li>- Colour ink</li> <li>- Freehand</li> <li>- Tattoos</li> <li>- Waterproofing</li> <li>- Henna</li> <li>- Aqua colours</li> <li>- Airbrush</li> <li>- Hand drawn transfers</li> <li>- Spatter or stipple work</li> <li>- Character design</li> <li>- Area of body to be worked on</li> </ul>			
Photographs (showing progressive shots)			
Client feedback			
Aftercare and home care advice (including details on make-up removal)			
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