

Treatment Evidence Guidance Form

iUBT421 – Provide electrical epilation

10 epilation treatments to be performed (5 short wave diathermy treatments and 5 blend treatments) and the outcomes documented.

- **Short wave diathermy - evidence of 5 treatments, one of which must include the face:
Face, bikini line, underarms, chest/breast, and abdomen.**
- **The blend - evidence of 5 treatments, one of which must include the face:
Face, bikini line, underarms, chest/breast, and abdomen.**

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 to include: Possible reason for hair growth and reaction to treatment			
Client feedback			
Aftercare and home care advice			

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	19/11/2019	First published	Qualifications Administrator
v2	10/01/2020	Amended titles	Qualifications and Regulation Co-ordinator