

Case Study Guidance Form

iUCT41 – Diet and nutrition for complementary therapists

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			
Lifestyle (including stress levels at home and stress levels at work – on a scale of 1-10)			
Client profile			
Full diet plan			
Feedback to show progression			
Reflective practice			
Overall conclusion of the case study			
Have all the case studies 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.

Lecturer name: _____

Lecturer signature: _____ **Date:** _____

IQA name (If sampled): _____

IQA signature (If sampled): _____ **Date:** _____

EQA name (If sampled): _____

EQA signature (If sampled): _____ **Date:** _____

Learner name: _____

Learner signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	10/01/2020	First published	Qualifications and Regulation Co-ordinator