
Treatment Evidence Guidance Form

iUBT308 – Apply and Maintain Nail Enhancements

15 nail enhancement treatments to be performed and the outcomes documented. Evidence must include the following:

Gel:

- 1 full set coloured gel enhancements
- 1 full set sculpted enhancements using pink and white gel
- 1 rebalance and reposition of white product/smile line
- 1 nail biter treated using tips and French opaque overlays
- 1 removal technique

Liquid and powder:

- 1 full set coloured powder enhancements
- 1 full set sculpted enhancement using pink and white powder
- 1 rebalance and reposition of white product/smile line
- 1 nail biter treated using tips and French opaque overlays
- 1 removal technique

Wraps:

- 3 tip and fibreglass overlay
- 1 re-balance with fabric
- 1 removal technique

To be completed by the assessor and internal verifier and externally verified by VTCT (ITEC). Please attach a copy of this form to the front of each candidate's completed treatment evidence

Candidate Name: _____

Candidate Number: _____

Centre Name and ID Number: _____

Date: _____

	Please tick box:	Yes	No
Consultation			
Medical History			
Treatment Details			
Before And After Photographs For Each 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 name signature: _____ Date: _____

Learner name: _____

Learner signature: _____ Date: _____

Document History

Version	Issue Date	Changes	Role
v1	14/01/2020	First published	Qualifications and Regulation Co-ordinator