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# 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