

Treatment Evidence Guidance Form

iUBT424 – Provide and maintain wrap nail enhancements

Evidence of 6 treatments to include; 1 full set of natural nail overlays, 2 full sets of tips and overlays, 2 maintenance and repair treatments on full sets of nail enhancements and 1 removal of a full set of tips and overlays.

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 | | | |
| Before and After Photographs for Each Treatment | | | |
| Client feedback | | | |
| Aftercare and Homecare advice | | | |
| 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 |
|---------|------------|-----------------|--|
| v1 | 15/01/2019 | First published | Qualifications and Regulation Co-ordinator |
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