

Case Study Assessment Form

iUCT40 – Provide Aromatherapy for Complementary Therapies

60 aromatherapy treatments to be performed and the outcomes documented. These must include 6 people treated a minimum of 6 times each, plus evidence of 15 additional treatments and 9 treatments which may detail other methods of application i.e. inhalation, compresses etc.

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 case study documentation.

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

	Please tick box:	Yes	No
Consultation			
Medical history			
Brief client profile and general lifestyle details (inc. stress levels at home and stress levels at work – on a scale of 1-10)			
Treatment plan			
Rationale for choice of each essence for each treatment (max 3 oils per treatment) - to include botanical names, plant families and significant chemical constituents			
Rationale for choice of each fixed oil for each treatment			
Alternative choice of essences/fixed oils for each treatment			
Ratio of blending for each treatment			
Client feedback			
Home care advice (Must detail quantities of oils recommended/frequency and method of use)			
Self-reflection and evaluation at the end of each treatment			
Any CPD requirements			
60 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: _____

Quality assured by name: _____

Quality assured by signature: _____ Date: _____

Document History

Version	Issue Date	Changes	Role
v1	09/10/2019	First published	Qualification Administrator