

Treatment Evidence Guidance Form

iUBT429 – Manicure and pedicure

Evidence of 5 treatments: a range of 5 clients to be treated for manicure or pedicure, 1 of which must include a French polish and 1 a specialised treatment with a buffed finish.

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			
Client feedback			
Aftercare and home care advice to include retail recommendations and advice			
Have all the treatments 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.

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	30/09/2019	First published	Qualifications and Regulation Co-ordinator