

# Treatment Evidence Guidance Form

iUBT335 – Electrical epilation

Evidence of treating 3 clients on at least 2 occasions each (3 clients treated with alternating current (shortwave diathermy) and 3 clients treated with the blend, 12 treatments in total) on the following areas, one of which must include the face:

- Face
- Neck
- Breast
- Chest
- Abdomen
- Bikini Line
- Legs
- Arms
- Underarms

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			
Has all evidence of 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	11/02/2020	First published	Qualifications Administrator