

Pre-examination Assessment Form

UBT467 – Provide skin peeling treatments

Centre Name: Centre ID Number: Date of Assessment: Signature of Lecturer/Assessor: Signature of Internal Quality Assurer:		Minimum 7		Sub –Total	Hygiene and sterilisation	Consultation	Advanced skin assessment	Skin peeling treatment	Skin peeling treatment technique	Post care/ homecare	Oral questions	FINAL MARK	Case studies	Learners must achieve a minimum of 7 marks for the first 2 sections in order to pass.
		Client care	Preparation of area											
Learner name	Learner No.	5	5		5	5	10	15	40	10	5	100	P/F	Comment
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