



TEG803

## ITEC LEVEL 2

### Treatment Evidence Guidance Form

#### Unit 803 – Apply Make-Up

**5 make up treatments to be performed and the outcomes documented**

*To be completed by the assessor and internal verifier and externally verified by ITEC. Please attach a copy of this form to the front of each candidate's completed treatment evidence*

**Candidate Name:**

**Candidate Number:**

**Centre Name and ID Number:**

**Date:**

<i>Please tick box</i>	<b>Yes</b>	<b>No</b>
<b>Consultation</b>		
<b>Medical History</b>		
<b>Treatment Details (To Include Make-Up Chart For Each Treatment)</b>		
<b>Before And After Photographs For Each Treatment</b>		
<b>Client Feedback</b>		
<b>Aftercare And Home Care Advice</b>		

**All treatments completed – Yes ☐ No ☐**

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

**Signed by the Assessor**

**Signed by the Candidate**

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**Signed by the Internal Verifier**

**Signed by the ITEC External Verifier**

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