



**ITEC Level 2 Diploma for Beauty Specialists  
Evidence of Treatments Guidance Form – Unit 9 Skincare & Eye  
Treatments**

**5 treatments to be performed including 1 full facial treatment per client**

*To be completed by the lecturer and verified by the ITEC examiner  
Please attach a copy of this sheet to the front of each student's completed treatment evidence form*

**Candidate Name:**

**Candidate Number:**

**Centre Name:**

**Date:**

<i>Please tick box</i>	<b>Yes</b>	<b>No</b>
<b>Consultation</b>		
<b>Medical History</b>		
<b>Skin Analysis</b>		
<b>Treatment Details</b>		
<b>Client Feedback</b>		
<b>Aftercare and home care advice including retail recommendations</b>		
<b>Have all treatments been completed?</b>		

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 ITEC Examiner

Signed by the Lecturer

\_\_\_\_\_

\_\_\_\_\_

Signed by the Candidate

\_\_\_\_\_

