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|  | | | **Evidence Record Sheet**  OCR Level 4 Diploma in Career Information and Advice | | |
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| **Unit Title:** | **Negotiate on behalf of clients** | | | | |
| **OCR unit number:** | **Unit 14** | | | | |
|  |  | | | | |
| **Candidate Name:** |  | | | | |
| I confirm that the evidence provided is a result of my own work. | | | | | |
| **Signature of candidate:** | |  | | **Date:** |  |

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| **Learning Outcomes** | **Assessment Criteria** | **Evidence Reference** | **Assessment Method\*** |
| 1. Understand the principles and practice of negotiation | 1.1 analyse the principles of negotiation  1.2 evaluate negotiation techniques |  |  |
| 2. Understand the role and purpose of negotiation on behalf of clients | 2.1 analyse when it is necessary to negotiate on behalf of clients to meet their career-related needs  2.2 explain how to approach clients who require negotiated support  2.3 analyse the services and agencies with which negotiation is required to meet client needs  2.4 critically evaluate the skills needed to negotiate with third parties |  |  |
| 3. Be able to negotiate on behalf of clients to meet their career-related needs | 3.1 agree with clients the negotiation offer to meet their needs  3.2 negotiate with third parties to meet client needs  3.3 consult with clients about the agreed outcomes of negotiations  3.4 agree with clients the implications of the negotiation in meeting their career-related needs  3.5 record the outcomes of negotiation |  |  |
| **\*Assessment method key:** O = observation of candidate, EP = examination of product; EWT = examination of witness testimony; ECH = examination of case history; EPS = examination of personal statement; EWA = examination of written answers to questions; QC = questioning of candidate; QW = questioning of witness; PD = professional discussion | | | |

I confirm that the candidate has demonstrated competence by satisfying all of the criteria for this unit and that I have authenticated the work.

Signature of assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (in block capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countersignature of qualified assessor (if required) and date:

IV initials (if sampled) and date: Countersignature of qualified IV (if required) and date: