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|  | | | **Evidence Record Sheet**  OCR Level 6 Diploma in Career Guidance and Development | | |
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| **Unit Title:** | **Assist clients to apply for learning, training and work** | | | | |
| **OCR unit number:** | **Unit 12** | | | | |
|  |  | | | | |
| **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 application processes and procedures for learning, training and work | 1.1 explain application processes and procedures for learning, training and work  1.2 evaluate the nature and format of information required to make applications for learning, training and work |  |  |
| 2. Be able to assist clients making applications for learning, training and work | 2.1 provide advice to clients about the nature and format of application information required  2.2 provide assistance and advice to clients preparing for learning, training and work interviews |  |  |
| 3. Be able to evaluate with clients outcomes of the application process for learning, training and work | 3.1 review with clients lessons learned from the application process for learning, training and work  3.2 discuss with clients how they will apply their knowledge and understanding of the application process in the future |  |  |
| **\*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: