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|  | | | **Evidence Record Sheet**  OCR Level 4 Diploma in Career Information and Advice | | |
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| **Unit Title:** | **Advocate on behalf of clients** | | | | |
| **OCR unit number:** | **Unit 19** | | | | |
|  |  | | | | |
| **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 advocacy | 1.1 analyse the principles of advocacy  1.2 evaluate advocacy techniques |  |  |
| 2. Understand the role and purpose of advocating on behalf of clients | 2.1 analyse when it is necessary to advocate on behalf of clients to meet their career-related needs  2.2 explain how to approach clients who will benefit from advocacy  2.3 evaluate the services, agencies and individuals for which clients require advocates  2.4 critically evaluate the knowledge and skills needed to advocate on behalf of clients with third parties |  |  |
| 3. Be able to advocate on behalf of clients to meet their career-related needs | 3.1 agree with clients the role and information needs of those involved in the advocacy process  3.2 advocate clients’ interests to third parties  3.3 consult with clients to resolve issues arising from advocacy  3.4 agree with clients the implications of the advocacy in meeting their career-related needs  3.5 record the outcomes of advocacy |  |  |
| **\*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: