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|  | **Evidence Record Sheet**OCR Level 4 Diploma in Career Information and Advice |
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| **Unit Title:**  | **Operate within networks to support the delivery of the service** |
| **OCR unit number:** | **Unit 22** |
|  |  |
| **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\*** |
| **The Learner will:**1. Understand the networks supporting the delivery of the careers-related organisation | **The Learner can:**1.1 evaluate the networks used by own organisation1.2 explain the benefits that working in networks brings to clients and organisations 1.3 explain how to develop and sustain relationships with colleagues in networks1.4 evaluate how organisations work together in networks1.5 explain sources of conflict of interest and disagreements between agencies and how to resolve them |  |  |
| 2. Be able to network with other agencies | 2.1 establish and maintain contacts with colleagues in other agencies for the benefit of clients and the organisation2.2 exchange information with other agencies in accordance with organisational protocols2.3 maintain records of information exchanged with other agencies |  |  |
| **\*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: