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|  | **Evidence Record Sheet**OCR Level 4 Diploma in Career Information and Advice |
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| **Unit Title:**  | **Meeting the career-related information needs of clients** |
| **OCR unit number:** | **Unit 04** |
|  |  |
| **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 sources of career-related information | 1.1 evaluate the sources, forms and media of career-related information1.2 evaluate labour market information1.3 evaluate ways to keep career-related information fit for purpose and up to date |  |  |
| 2. Be able to support clients’ access and use of career-related information | 2.1 agree career-related information needs with clients2.2 identify sources of career-related information to meet client needs2.3 interpret career-related information to meet client needs2.4 support clients access to and use of career-related information2.5 record career-related information given to clients in accordance with organisational procedures |  |  |
| 3. Be able to signpost clients to external sources of career-related information in accordance with organisational procedures | 3.1 explain to clients sources of career-related information provided by other services to meet their needs3.2 signpost clients to sources of information, advice and guidance to meet their needs |  |  |
| **\*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: