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|  | | | **Evidence Record Sheet**  OCR Level 6 Diploma in Career Guidance and Development | | |
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| **Unit Title:** | **Engage with support networks to help clients to meet their career-related needs** | | | | |
| **OCR unit number:** | **Unit 11** | | | | |
|  |  | | | | |
| **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 rationale for working with support networks to help clients to meet their career-related needs | * 1. analyse the rationale for working with support networks to help clients to meet their career-related needs   2. evaluate the ways in which support networks help clients to meet their career-related needs   1.3 explain the legislative and organisational requirements with respect to client confidentiality when engaging support networks |  |  |
| 2. Be able to agree how support networks will help clients to meet their career-related needs | 2.1 consult with clients and support networks about how to meet client career-related needs  2.2 agree with support networks how they will support the achievement of the client’s career-related objectives  2.3 explore with all parties ways to overcome barriers to providing career-related support  2.4 agree action plans with clients and support networks their respective roles in achieving client’s career-related 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: