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|  | **Evidence Record Sheet**OCR Level 4 Diploma in Career Information and Advice |
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| **Unit Title:**  | **Reflecting on practice and continuous professional development** |
| **OCR unit number:** | **Unit 02** |
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| **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 methods used to reflect on practice | 1.1 evaluate methods used to reflect on practice1.2 analyse the application of reflective practice methods on own practice  |  |  |
| 2. Understand the need for continuous professional development activity | 2.1 analyse the role of continuous professional development in the maintenance and improvement of practice2.2 evaluate continuous professional development approaches and activities to maintain and improve practice |  |  |
| 3. Be able to reflect on own practice as a career information, advice and guidance professional | 3.1 apply reflective practice methods to own practice3.2 review own practice using reflective practice methods3.3 review own practice with respect to current legislative requirements and codes of practice |  |  |
| 4. Be able to meet own continuous professional development needs | 4.1 analyse the outcomes of reflection on own practice4.2 produce personal action plans to update, maintain and improve practice4.3 undertake planned continuous professional development to update, maintain and improve practice4.4 review the continuous professional development against identified professional development priorities |  |  |
| **\*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: