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|  | | | **Evidence Record Sheet**  OCR Level 4 Diploma in Career Information and Advice | | |
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| **Unit Title:** | **Prepare to deliver services to clients in an outreach setting** | | | | |
| **OCR unit number:** | **Unit 20** | | | | |
|  |  | | | | |
| **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 characteristics of outreach settings to deliver services | * 1. analyse the characteristics of outreach settings to deliver services   2. explain the services to be delivered in outreach settings   3. analyse resources required to deliver services in outreach settings |  |  |
| 2. Understand autonomous working to deliver services in outreach settings | * 1. analyse the skills needed for autonomous working in outreach settings   2. explain the boundaries and limitations of own autonomous work in outreach settings   3. explain the resources available to support own autonomous role in outreach settings   4. explain the requirement for risk assessment before undertaking outreach work   5. explain techniques to secure personal safety as an autonomous worker in outreach settings |  |  |
| **\*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: