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|  | | | **Evidence Record Sheet**  OCR Level 6 Diploma in Career Guidance and Development | | |
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| **Unit Title:** | **Use career and Labour Market Information with clients** | | | | |
| **OCR unit number:** | **Unit 6** | | | | |
|  |  | | | | |
| **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 scope and purpose of career-related information | * 1. critically analyse the scope of career-related information in careers guidance   2. evaluate information about UK and European education and training providers and systems   3. evaluate information about current and predicted national and European labour market   4. critically analyse the nature, sources, reliability and currency of career-related information |  |  |
| 2.Be able to assist client access to career-related information | 2.1explain the scope and purpose of career-related information to clients  2.2verify information sources for reliability and currency in meeting client needs  2.3provide support to clients in interpreting and tailoring information to meet needs  2.4explain to clients how to access current and future career-related information needs  2.5record career-related information supplied to clients using organisational procedures |  |  |
| **\*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: