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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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| **Learner Name:** |  |
| I confirm that the evidence provided is a result of my own work. |
| **Signature of learner:** |  | **Date:** |  |

| **Learning Outcomes** | **Assessment Criteria** | **Evidence Reference** | **Assessment Method\*** |
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| 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 and why is it important |  |  |
| 2. Understand the need for continuous professional development activity | 2.1 analyse the role of continuous professional development in the maintenance and improvement of practice 2.2 evaluate continuous professional development approaches and activities to maintain and improve practice |  |  |
| 3. Be able to reflect on own practice as a career development practitioner | 3.1 review own practice using reflective practice methods 3.2 review own practice with respect to current legislative requirements and codes of practice and ethics  |  |  |
| 4. Be able to meet own continuous professional development needs | 4.1 produce personal action plans to update, maintain and improve practice 4.2 undertake planned continuous professional development to update, maintain and improve practice4.3 review continuous professional development against identified professional development priorities |  |  |
| **\*Assessment method key:** O = observation of learner, 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; QL = questioning of learner; QW = questioning of witness; PD = professional discussion |

I confirm that the learner 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: