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|  | | | **Evidence Record Sheet**  OCR Level 4 Diploma in Career Information and Advice | | |
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| **Unit Title:** | **Explore and agree how to meet the career-related needs of the client** | | | | |
| **OCR unit number:** | **Unit 08** | | | | |
|  |  | | | | |
| **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\*** |
| --- | --- | --- | --- |
| 1. Understand techniques to explore the career-related needs of clients | 1.1 evaluate techniques to explore the career-related needs of clients |  |  |
| 2. Understand techniques to agree options to meet the career-related needs of clients | 2.1 evaluate techniques used to agree career-related options to meet the needs of clients  2.2 analyse ways to develop client decision-making skills to determine their own career-related needs |  |  |
| 3. Be able to agree client career-related needs | 3.1 use techniques to analyse the career-related needs of clients  3.2 review the outcomes of analysis with clients to identify career-related options and actions  3.3 use techniques to support the development of client confidence and skills to determine career-related options and actions |  |  |
| 4. Be able to agree plans with clients to meet their career- related needs | 4.1 agree with clients options to meet their career-related needs  4.2 agree the objectives and content of action plans with clients to meet their career-related needs  4.3 identify how barriers to achieving action plans will be overcome  4.4 record career-related action plans |  |  |
| **\*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: