|  |  |
| --- | --- |
|  | **Evidence Record Sheet**OCR Level 4 Diploma in Career Information and Advice |
|  |
| **Unit Title:**  | **Obtain and organise career-related information to support clients** |
| **OCR unit number:** | **Unit 16** |
|  |  |
| **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 the nature of career-related information required by clients and organisations | 1.1 analyse the career-related information needs of clients1.2 describe the characteristics of career-related information, advice and guidance available to clients |  |  |
| 2. Understand the organisation and management of career-related information | 2.1 evaluate methods to organise and manage career-related information in organisations |  |  |
| 3. Be able to obtain career-related information to meet organisational and client needs | 3.1 identify career-related organisation and client information requirements 3.2 apply methods to research and obtain career-related information for the organisation and for clients 3.3 evaluate the information obtained against the career-related information needs of the organisation and clients |  |  |
| **\*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: