|  |  |
| --- | --- |
|  | **Evidence Record Sheet**OCR Level 6 Diploma in Career Guidance and Development |
|  |
| **Unit Title:**  | **Use career-related information with clients** |
| **OCR unit number:** | **Unit 06** |
|  |  |
| **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 scope and purpose of career-related information | 1.1 critically analyse the types of career-related information used in career guidance and development1.2 evaluate sources of UK and global labour market information and intelligence1.3 critically evaluate the reliability, safety and currency of career-related information |  |  |
| 2. Be able to assist client access to career-related information | 2.1 explain the scope and purpose of career-related information to clients2.2 verify information sources for reliability, safety and currency in meeting client needs2.3 provide support to clients in interpreting and tailoring information to meet needs2.4 explain to clients how to access current and future career-related information needs2.5 record 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; 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: