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|  | | | **Evidence Record Sheet**  OCR Level 4 Diploma in Career Information and Advice\*  OCR Level 6 Diploma in Career Guidance and Development\*  \*Delete as appropriate | | |
|  | | | | | |
| **Unit Title:** | **Understand how to support specific client groups to overcome barriers to learning, training and work** | | | | |
| **OCR unit number:** | **Unit 10** | | | | |
|  |  | | | | |
| **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 legislative and policy context for working with specific client groups | 1.1 determine the legislative and policy context for working with specific client groups  1.2 explain how the legislative and policy context for working with specific client groups impacts on own work |  |  |
| 2. Understand barriers to learning, training and work for specific client groups | 2.1 analyse barriers to learning, training and work experienced by specific client groups  2.2 evaluate ways to overcome barriers to learning, training and work by specific client groups |  |  |
| 3. Understand services designed for specific client groups | 3.1 evaluate services designed for specific client groups  3.2 analyse how specific client groups access services designed to meet their learning, training and work needs |  |  |
| **\*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: