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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:**  | **Engage with other relevant people to help clients to meet their career development needs** |
| **OCR unit number:** | **Unit 11** |
|  |  |
| **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 rationale for working with others to help clients to meet their career development needs | 1.1 analyse the rationale for working with others to help clients to meet their career development needs1.2 evaluate the ways in which others help clients to meet their career development needs1.3 explain the legislative and organisational requirements with respect to client confidentiality when engaging with others |  |  |
| 2. Be able to agree how others will help clients to meet their career development needs | 2.1 consult with clients and others about how to meet client career development needs2.2 agree with others how they will support the achievement of the client’s career development objectives2.3 explore with all parties, ways to overcome barriers to providing career development support2.4 agree action plans with clients and others and their respective roles in achieving the client’s career development 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: