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|  | **Evidence Record Sheet**OCR Level 4 Diploma in Career Information and Advice |
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| **Unit Title:**  | **Plan and deliver career-related learning in groups** |
| **OCR unit number:** | **Unit 06** |
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| **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 theories of how people learn in groups | 1.1analyse theories of how people learn in groups1.2explain the principles of group dynamics |  |  |
| 2.Understand how to plan and deliver career-related learning in groups to meet needs | 2.1 evaluate delivery methods and resources (including digital technologies) to promote learning in groups2.2 explain how to plan and resource group sessions to meet needs 2.3 explain how to manage barriers and risks to learning within groups 2.4 analyse ways to motivate individuals within large and small groups |  |  |
| 3.Be able to plan career- related learning in groups | 3.1 identify the learning objectives of groups3.2 establish learning outcomes for group sessions |  |  |
| 4.Be able to deliver career- related learning in groups | 4.1 use relevant skills and techniques to deliver career-related learning in groups4.2 facilitate participation by all group members4.3 communicate with group members to support achievement of learning outcomes |  |  |
| 5.Be able to evaluate career-related learning in groups | 5.1 evaluate with clients the outcomes of career-related learning in groups 5.2 use the outcomes of the evaluation to plan and improve future career-related learning in groups |  |  |
| **\*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: