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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:** | **Provide on-going support to clients** | | | | |
| **OCR unit number:** | **Unit 13** | | | | |
|  |  | | | | |
| **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 ongoing support for clients to meet their career-related needs | 1.1 evaluate the nature of ongoing support for progression and achievement by clients of career-related needs  1.2 evaluate ways in which ongoing support is provided by the organisation, other agencies and individuals  1.3 explain the organisation’s policies and procedures for the provision of ongoing support |  |  |
| 2. Be able to provide ongoing support for clients to meet their career-related needs in accordance with the organisation’s protocols | 2.1 review the ongoing support needs of clients to progress and achieve their career-related needs  2.2 provide clients with agreed ongoing support to meet their career-related needs  2.3 liaise with other agencies and individuals to provide ongoing support in accordance with the organisation’s policies and procedures  2.4 maintain records of ongoing support provided to 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: