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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 needs1.2 evaluate ways in which ongoing support is provided by the organisation, other agencies and individuals1.3 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: