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|  | | | **Evidence Record Sheet**  OCR Level 4 Diploma in Career Information and Advice | | |
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| **Unit Title:** | **Operate within networks to support the delivery of the service** | | | | |
| **OCR unit number:** | **Unit 19** | | | | |
|  |  | | | | |
| **Learner Name:** |  | | | | |
| I confirm that the evidence provided is a result of my own work. | | | | | |
| **Signature of learner:** | |  | | **Date:** |  |

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| **Learning Outcomes** | **Assessment Criteria** | **Evidence Reference** | **Assessment Method\*** |
| 1. Understand the physical and virtual networks supporting the delivery of the careers-related organisation | 1.1 evaluate the networks used by own organisation  1.2 explain the benefits that working in networks brings to clients, self and organisations  1.3 explain how to develop and sustain relationships with colleagues in networks  1.4 evaluate how organisations work together in networks  1.5 explain sources of conflict of interest and disagreements between organisations and how to resolve them |  |  |
| 2. Be able to network with organisations | 2.1 establish and maintain contacts with colleagues in other agencies for the benefit of clients, self or the organisation  2.2 exchange information with other organisations in accordance with organisational protocols  2.3 maintain records of information exchanged with other organisations |  |  |
| **\*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: