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|  | | | **Evidence Record Sheet**  OCR Level 4 Diploma in Career Information and Advice | | |
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| **Unit Title:** | **Obtain and organise career-related information to support clients** | | | | |
| **OCR unit number:** | **Unit 16** | | | | |
|  |  | | | | |
| **Candidate Name:** |  | | | | |
| I confirm that the evidence provided is a result of my own work. | | | | | |
| **Signature of candidate:** | |  | | **Date:** |  |

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| **Learning Outcomes** | **Assessment Criteria** | **Evidence Reference** | **Assessment Method\*** |
| 1. Understand the nature of career related information required by clients and organisations | * 1. analyse the career-related information needs of clients   2. describe the characteristics of career-related information, advice and guidance available to clients |  |  |
| 2. Understand the organisation and management of career-related information | * 1. evaluate methods to organise and manage career-related information in organisations |  |  |
| 3. Be able to obtain career-related information to meet organisational and client needs | 3.1 identify career-related organisation and client information requirements  3.2 apply methods to research and obtain career-related information for the organisation and for clients  3.3 evaluate the information obtained against the career-related information needs of the organisation and clients |  |  |
| **\*Assessment method key:** O = observation of candidate, 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; QC = questioning of candidate; QW = questioning of witness; PD = professional discussion | | | |

I confirm that the candidate 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: