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|  | **Evidence Record Sheet**OCR Level 6 Diploma in Career Guidance and Development |
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| **Unit Title:**  | **Advocate on behalf of clients**  |
| **OCR unit number:** | **Unit 9** |
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| **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 principles and practice of advocacy | 1.1analyse the principles of advocacy1.2evaluate advocacy techniques |  |  |
| 2.Understand the role and purpose of advocating on behalf of clients | 2.1analyse when it is necessary to advocate on behalf of clients to meet their career-related needs2.2explain how to approach clients who will benefit from advocacy2.3evaluate the services, agencies and individuals for which clients require advocates2.4critically evaluate the knowledge and skills needed to advocate on behalf of clients with third parties |  |  |
| 3.Be able to advocate on behalf of clients to meet their career-related needs | 3.1agree with clients the role and information needs of those involved in the advocacy process3.2advocate clients’ interests to third parties3.3consult with clients to resolve issues arising from advocacy 3.4agree with clients the implications of the advocacy in meeting their career-related needs3.5record the outcomes of advocacy |  |  |
| **\*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: