Please note: This transfer must be applied for within the first 3 months of employment at Waikato DHB

(PDRP Manual 2023)

**YOUR DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPL #:** |  | **APC #:** |  |
| **FULL NAME and SIGNATURE:** |  | | |
| **Mobile No:** |  | **EMAIL:** |  |

**HEALTH NZ WAIKATO INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **WORKPLACE:** |  | **COMMENCEMENT DATE:** |  |

**PDRP ACHIEVED:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ORGANISATION:** |  | | |
| **PDRP LEVEL:** |  | **DATE ACHIEVED:** |  |

* You must provide us with confirmation of achieving your PDRP from your previous employer
* Please attach this to your transfer application YES / NO
* Once your PDRP transfer is approved, you will receive the payment for your first year at TWOW.
* At the end of your first year in this new role, you must complete a Professional Review appraisal with your Nurse Manager and submit a portfolio using this. Failure to do this will result in your PDRP payment ceasing (PDRP Manual 2023)

***­­­­­­­­­­­­­­­­­­­­­­­­­­­***

***To be completed by PDRP Admin:***

Contact PDRP Co-ordinator of previous PDRP Yes No

Confirmation of PDRP level and date achieved Yes No

Transfer letter completed and sent to nurse Yes No

Delegation authority for PDRP allowance sent to Manager

(if applicable) Yes No

Transfer entered onto database Yes No