**Only complete this application if you are currently on a NCNZ approved PDRP.**

**Transfer of PDRP level is in accordance with clause 28.10 of the DHB/NZNO Nursing and Midwifery Multi Employer Collective agreement (2020 – 2022)**

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **APC Number & Expiry Date:** |  |
| **Te Whatu Ora Employee Number:** |  |
| **Start date at Te Whatu Ora – Te Matau a Māui Hawke’s Bay:** |  |
| **Position / role title at Te Whatu Ora – Te Matau a Māui Hawke’s Bay:** |  |
| **Te Whatu Ora – Te Matau a Māui Hawke’s Bay work area:** |  |
| **CNM Name (or equivalent):** |  |
| **Current PDRP level:**  **(Please circle)** | For RN’s Competent / Proficient / Expert / Senior  For ENs Competent / Proficient / Accomplished |
| **Transferring from Organisation (including ward / department):\*** |  |

**\*Please note transfer only occurs from NCNZ approved PDRP programmes.**

**Please attach:**

□ Copy of PDRP level certificate **or**

□ Copy of letter from PDRP Coordinator detailing level attained

**Please note PDRP level must have occurred within the last 3 years or proof of maintenance of level within the last 3 years is required. Transfer cannot be approved without this verification.**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand transfer of PDRP level is for 12 months from the date of employment. Within 12 months of employment, a new submission to the Te Whatu Ora – Te Matau a Māui PDRP is required.**

|  |  |
| --- | --- |
| **Signature of Applicant:** |  |
| **Date:** |  |

**Please send completed form and documents to (or if you have any queries concerning this transfer):**

**PDRP Coordinator**

**Kathryn (Kathy) Monson**

**c/- Education Centre, HB Hospital**

**or email** [**kathryn.monson@hbdhb.govt.nz**](mailto:kathryn.monson@hbdhb.govt.nz)

**Once PDRP transfer has been confirmed, the PDRP coordinator will advise payroll services (as applicable) to commence any appropriate PDRP payment (as per DHB/NZNO MECA)**