***Partnering Organisations Transfer Application Package***

This process fairly recognises previous PDRP achievements at other areas and organisations. It facilitates involvement in the Regional PDRP Programme and ensures level of payment to be continued, if relevant.

**Step 1**:

PDRP Transfer Application form for appropriate level is completed by applicant and sent to the PDRP Coordinator. A copy of the letter of achievement from previous organisation needs to be included.

**Step 2**:

Notification of transportability letter is sent to applicant and to the following staff:

* Line Manager
* Payroll Manager (level of practice allowance applies only to Proficient and Expert / Accomplished levels for nursing).

**Interim Years**

Each organisation manages its nurse’s interim year requirements. The CDHB interim year requirements for the PDRP level of practice will be validated at annual review time by the CNM/Nursing Line Manager/Nurse Consultant until expiration of the original PDRP successful date. A full portfolio resubmission is required every three years.

In some cases the interim year process may be suspended for a year while a nurse new to an area can take on new skills. In this instance it is the responsibility of the nurse manager to confirm this with the PDRP office of this situation. Please see website for interim year validation guidelines.

***The attached form is only to be used if you are transferring from the below Organisations.***

* **St Georges Hospital**
* **Nurse Maude**
* **Pegasus Health**
* **Department of Corrections**
* **Forte Health**
* **Rannerdale War Veterans**
* **Oxford Women’s Health**
* **Healthcare NZ**
* **Intus Clinic**
* **Laura Fergusson Trust**
* **Procare**
* **Kaupapa Maori and Pacific collective**
* **Access Homehealth**
* **Waipuna Hospice**
* **Ultimate Care Group**
* **Nelson Marlborough DHB**
* **West Coast DHB**
* **South Canterbury DHB**
* **Southern DHB**

***Partnering Organisations Transfer Application Package***

Please send pdrp@cdhb.health.nz

Applicants First Name:

Applicants Surname:

Applicants Employee Number:

APC Number:

Work Area: (Ward, location and Cost Code – If known)

Contact number:

Active Email Address:

Transferring From:

Current Level of PDRP:

Start date with Canterbury District Health Board:

Signature Date

🞎 Attach a copy of your PDRP Letter/Certificate