

# NETP PROGRAMME APPEALS NOTIFICATION FORM

Notification to the NetP Nurse Coordinator: CDHB or WCDHB Regions

Please complete this form using the appeals process (as outlined in the NetP Programme website)

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Workplace:** \_\_\_\_\_

**Date of original Assessment:** \_\_\_\_\_

**Please indicate which assessment you are appealing against:**

- Written policy critique assessment ( )
- Case Study presentation assessment ( )
- Outcome of programme completion ( )

**Step 1: Please include for reassessment:**

- Letter outlining reasons for Appeal (required) ( )
- Policy critique marking criteria (if applicable) ( )
- Case study presentation marking criteria (if applicable) ( )

You will be notified of the outcome of the reassessment by the CDHB Nurse Coordinator - NetP Programme, CDHB or WCDHB.

**Step 2:**

If you are not satisfied with this result, you can then choose to continue with the appeals process and have the decision reviewed by an Appeals Panel.

If Step 2 becomes necessary, please indicate if you would wish to bring a support person:

**Yes / No**

**I understand that the decision of the Appeals Panel Review is final and binding.**

Name:

Signature:

Date:

**Please forward this form and the attached documents to the relevant NetP Nurse Coordinator:**

NetP Programme Office  
Fifth Floor, The Princess Margaret Hospital  
Canterbury District Health Board  
PO Box 1600  
Christchurch 8140

Associate Director of Nursing Office  
Clinical Practice Development  
Rural Learning Centre  
West Coast District Health Board  
PO Box 387  
Greymouth 7840

**This form must be received by the NetP Programme office within 7 working days of notification of unsuccessful outcome.**