

## Appeals Notification to the PDRP Coordinator

- An appeal must be submitted within 7 working days of notification that the application was unsuccessful.
- On receipt of the Appeal Notification Form, the PDRP Coordinator will plan for two new assessments to take place. The new assessors will not be told of the original outcome. If the outcome is still unsuccessful, and the applicant still wishes to appeal the decision, an Appeals Panel will be called. The Appeals Panel will assess the documented evidence, interview the applicant and the PDRP Assessor(s). The applicant may choose to bring a support person to the interview.
- On completion of the Appeal, a written report outlining recommendations will be sent to the applicant with copies to the original assessors. The applicant should receive this report within 7 working days. The decision of the Appeals Panel is final.

Name \_\_\_\_\_

Position \_\_\_\_\_

Ward / Area \_\_\_\_\_

Organisation \_\_\_\_\_

Current PDRP Level (if applicable) \_\_\_\_\_

PDRP Level Application \_\_\_\_\_

Date of original Portfolio Assessment \_\_\_\_\_

### Step 1

#### Please include the following for your Portfolio reassessment:

You may need to download your electronic portfolio and email the relevant pages

Performance Appraisal

Associated Documents for required level applied for

Completed PDRP Guidelines (Hard copy portfolio) if applicable

Completed PDRP Assessors Comments and Feedback

Letter outlining reasons for Appeal, for example, if this a PDRP process issue or an assessment issue.

APC Number

### Step 2

You will be notified of the outcome by the regional PDRP Coordinator.

If you are unsatisfied with this result, you can continue with the appeals process and have the portfolio reviewed by an Appeals Panel, which will include a Director of Nursing.

If you continue with the appeals process, please indicate if you wish to bring a support person

Yes          No

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

Signature \_\_\_\_\_

(Print name & sign)

Date \_\_\_\_\_

**Please forward this form and any supporting documents to your organisation's PDRP Coordinator**