

**INTERNAL TRANSFER FORM**

**PROFESSIONAL DEVELOPMENT AND RECOGNITION PROGRAMME (PDRP)**

If you are currently on the Te Whatu Ora Waikato (TWOW) PDRP, and are either transferring to a different area of practice, within TWOW, you must apply for your portfolio to be transferred using this form.

***Internal transfer***

*• Nurses who are currently on a PDRP level within TWOW PDRP programme and transfer to another clinical area within TWOW, will retain their PDRP level and at the end of 12 months will complete an annual and professional performance appraisal.*

*• Nurses at Proficient, Expert or Accomplished level must demonstrate the same level of practice within 12 months of transfer through the annual and professional performance review process. (ref: Framework and Evidential Requirements 2017)*

**YOUR DETAILS:**

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

**HEALTH NZ - WAIKATO INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **WORKPLACE: (Transferring from…)** |  | **NEW WORKPLACE:****(Transferring to…)** | **COMMENCEMENT DATE:** |
| **NEW WORKPLACE MANAGER:** |  | **SIGNATURE:** |  |

**PDRP ACHIEVED:**

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

* Once your PDRP transfer has been approved, you will continue to receive the payment for your first year in your new workplace area.
* At the end of your first year in this new role, you must complete an Annual and Professional Review appraisal with your Nurse Manager and submit a portfolio using this. This appraisal provides an opportunity for both of you to reflect on your practice, and discuss whether you are continuing to meet the level of practice you were originally approved at. This could also be an opportunity to submit at a higher level.
* Failure to adhere to this process will result in your PDRP payment ceasing (PDRP Manual 2023).
* ***­­­­­­­­­­­­­­To be completed by PDRP Admin:***
* 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 Yes No
* Transfer entered onto database Yes No