**Application for transfer of PDRP**

This form is to be used for a nurse transferring their PDRP from another organisation, service or role to either Capital & Coast PDRP (including MHAIDS) or Hutt Valley PDRP.

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| Surname: | Click or tap here to enter text. |
| First name: | Click or tap here to enter text. |
| APC number and expiry date: | Click or tap here to enter text. |
| Start date in new role: | Click or tap to enter a date. |
| New position/role title: | Click or tap here to enter text. |
| New clinical area/service: | Click or tap here to enter text. |
| Charge Nurse Manager (CNM): | Click or tap here to enter text. |
| Transferring from (District, service or organisation)**\*** | Click or tap here to enter text. |

**\***Please note transfer only occurs from NCNZ approved PDRP Programmes. A list of approved PDRPs can be found on the Nursing Council of New Zealand website.

Current PDRP level: **--Select one--**

□ Attach a copy of PDRP certificate/letter as evidence of the PDRP level

|  |  |
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| Signature of applicant: |  |
| Date: | Click or tap to enter a date. |

**For transfers *to* Hutt Valley send to** [**PDRP@huttvalleydhb.org.nz**](mailto:PDRP@huttvalleydhb.org.nz)

**For transfers *to* Capital & Coast including MHAIDS send to** [**pdrp@ccdhb.org.nz**](mailto:pdrp@ccdhb.org.nz)