

## **Professional Development and Recognition Programme Transfer Application Form.**

This form is to be used when a nurse is transferring their PDRP level from another organisation or service. Please email or send a verified copy of the original PDRP certificate or confirmation letter from the NCNZ approved PDRP to the PDRP Coordinator with the completed transfer form.

Please complete all sections below					
Name (as it appears on your Annual Practising					
Certificate-print clearly)					
APC Number			Start date at Pl	unket	
Clinical Leader			Clinical Service	Manager	
This portfolio transfer is for (circle one) Competent Proficient Expert Nurse Influencing Practice					
Declaration					
Yes / No	I declare that copies of all documents submitted with this application are authentic.				
Yes / No	I am prepared to provide original documents for authentication confidentially to the PDRP Coordinator if requested.				
Yes / No	I am aware that my portfolio may be subject for use in the moderation process, internal, external or as directed by the New Zealand Nursing Council and I will make my portfolio available within 2 weeks if required for moderation.				
Yes / No	I am aware that my current portfolio is valid for 12 months (or until the date of expiry if this is less than 12 months) as per the transfer guidelines on page 12 of the Plunket Nurse PDRP Handbook.				
Yes / No	I am aware that a <b>full</b> performance review and portfolio assessment at the required level must be completed <b>within 12 months</b> of employment and a new portfolio submitted for assessment based on the current Plunket Nurse PDRP Handbook criteria.				
Signature			Date		
Clinical Leader / Line Manager Declaration					
Yes / No	I have discussed the applicants transfer application with them and they are aware that the portfolio is only valid for 12 months (or until the date of expiry if this is less than 12 months).				
Yes / No	I have discussed the applicants that a full performance review and portfolio assessment at the required level must be completed within 12 months of employment.				
Signature		·	Date		