

PDRP New Employees Transfer form

Nurse applicants are responsible for completing all unshaded sections of this template and send to the PDRP administrator to process transfer. **Evidence of PDRP level from previous PDRP Coordinator needs to be attached.**

First Name/s as APC		
Surname /as APC		
APC Number		
Work area <i>Ward / Dept / Location / Hospital</i>		
Contact details		
Transferring from- Name of PDRP and PDRP Co ordinator		
Last PDRP Assessment date		
Current PDRP Level		
Start date at DHB		
Signature of Nurse Applicant		Date
<i>PRDP Co-ordinator use only</i>		
PDRP Coordinator verifies PDRP level and due date		Level
PDRP Coordinator Print Name & Signature		Date
PDRP Coordinator sends electronic copy to CNM & Payroll who confirms salary level		PDRP Coordinator enters date sent to CNM/payroll Date