# Macintosh HD:Users:Gabriela:Documents:Waikato DHB Logos:JPEG:Waikato-DHB-logo-BW-500.jpgRequest for PDRP Review

**❑ Outcome ❑ Process**

 **Please complete this form electronically and email to:** **PDRPTeam@waikatodhb.health.nz**

|  |  |
| --- | --- |
| Employee ID: |  |
| Name: |  |
| PDRP Level applied for: |  |
| Manager / Work Area: |  |

 **Please outline your reasons for the appeal: (completed by applicant)**

|  |
| --- |
| **Review of Events: (completed by reviewer)****Situation:****Background: (Timeline of situation/ process)****Assessment:****Recommendation:****Applicant notified of outcome:****Response:****Nurse Co-ordinator signature:****Date** |

For the purposes of the appeal, I agree to make my e-portfolio available for this process. Please follow instructions below:

 **Ko Awatea  - Applicant to share with Assessors**

Click into Dashboard

Under my portfolios – click into your portfolio

On the RH side at the top of your page – click **Edit this Page**

* Go to the top LH side and click on **Share page**
* In the box Share with  Search for **Groups**
* in the Search box – type in your **Waikato -** search foryour intake e.g. **Waikato PDRP May 2018**
* On the RH side put in **current date** and extend for 3 months for **end** date
* Scroll down the page and **Save**

 **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign this form and scan to: PDRPteam@waikatodhb.health.nz

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| --- | --- | --- |
| **Office Use Only** |  |  |
| Date Received: |  |  |
| Appeal Reviewer: |  |  |
| Review Date: |  |  |
| Outcome: |  |  |
| Verbal Notification Date: |  |  |
| Written Notification Date: |  |  |
| Signature: |  |  |