# Ffurflen Gyfeirio i’r Gwasanaeth/Service Referral From

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| **I bwy mae’r cyfeiriad? Who is the referral for?** | Fi fy hun  Myself | Rhywun arall Someone else | | | | **Os yw’n hunan-gyfeiriad ewch i rhif 2**  **If this is a self-referral go to number 2** | | |
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| **1. RDDC â rhannu gwybodaeth / GDPR and information sharing** | | | | | | | | |
| Ydi rôl eiriolaeth wedi ei esbonio? Has the role of advocacy been explained? | | | | Ia Yes | | Na No | Os na, pam ddim? If no, why not? | |
| A oes gan y person gapasiti i roi caniatâd i chi wneud y cyfeiriad hwn? Has the person got capacity to consent to this referral? | | | | Ia Yes | | Na No | Os na, pam ddim? If no, why not? | |
| Ydi’r person wedi rhoi caniatâd gwybodus i chi wneud y cyfeiriad hwn?  Has the person given informed consent for this referral to be made? | | | | Ia Yes | | Na No | Os na, pam ddim? If no, why not? | |

**Sylw RDDC:** Mae’n rhaid cael caniatâd y person i rannu gwybodaeth bersonnol gyda GACGC yr unig ffordd gall gwybodaeth bersonnol ei rannu â ni hebganiatâd ydy os does gan y person ddim capasiti i roi caniatâd.. Os nad ydych wedi cael caniatâd, peidiwch â chwblhau gweddill y ffurflen hon. **Am fwy o wybodaeth:**[**https://businesswales.gov.wales/starting-up/cy/canllawiau-pellach/y-rheoliad-diogelu-data-cyffredinol**](https://businesswales.gov.wales/starting-up/cy/canllawiau-pellach/y-rheoliad-diogelu-data-cyffredinol)

**GDPR notice:** personal information should only be shared with NWAAA with the permission of the person unless they lack capacity to consent to the referral. If you have not got consent do not fill in the rest of this form. **For more information:**  
[**https://businesswales.gov.wales/starting-up/further-guides/general-data-protection-regulation**](https://businesswales.gov.wales/starting-up/further-guides/general-data-protection-regulation)

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| **2. Manylion y person/The persons details** | | | |
| Enw Name |  | Dyddiad Geni Date of Birth |  |
| Hunaniaeth rhyw Gender identity |  | Rhagenwau Pronouns |  |
| Ethnigrwydd Ethnicity |  | Iaith ddewisol Preferred language |  |
| Crefydd  Religion |  |  |  |

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| **Angen a nodwyd – dewisiwch yr un fwyaf perthnasol / Identifying need – choose the one that is most appropriate** | | | | | |
| Anabledd Dysgu Learning Disability |  | Person Hŷn  Older Person |  | Iechyd Meddwl Mental Health |  |
| Nam Corfforol Physical Impairment |  | Dementia Dementia |  | Salwch Corfforol Physical Illness |  |
| Nam Synhwyrol Sensory Impairment |  | Gofalwr  Carer |  | Rhiant  Parent |  |
| Bregus (arall)  Vulnerable (other) |  | Anaf Ymenydd Brain Injury |  | Arall  Other |  |
| **Os arall, rhowch manylion os gwelwch yn dda / If other, please provide details:** | | | | | |
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| **Anghenion cyfarthrebu– rhowch fanylion am sut mae’r person yn cyfarthrebu, gan gynnwys iaith ac addasiadau rhesymol  Communication needs – provide details of how the person communicates, including language or any reasonable adjustments** |
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| **3. Manylion cyswllt y person / Persons contact details** | | | | | | | | |
| Cyfeiriad llinell 1  Address line 1 | |  | | E-bôst  E-mail | | |  | |
| Cyfeiriad llinell 2 Address line 2 | |  | | Rhif ffôn Telephone number | | |  | |
| Tref Town | |  | | Arall Other | | |  | |
| Sîr County | |  | | Hoff ffordd o gysylltu  Preferred contact methods | | |  | |
| Côd post Postcode | |  | |
| **Trefniant Llety / Living arrangements** | | | | | | | | |
| Cartref gofal Care home |  | | Byw â chefnogaeth Supported Living | |  | Ysbyty Hospital | |  |
| Di-gartref Homeless |  | | Llety dros-dro Temporary accommodation | |  | Arall Other | |  |
| **Mwy o Fanylion / Further information:** | | | | | | | | |
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| **3. Manylion y cyfeiriad – beth yw’r broblem sydd angen cefnogaeth eiriolaeth?   The referral information – what is the issue that requires advocacy support?** |
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| **Beth yw disgwyliadau ô’r gefnogaeth gan eiriolaeth yn y mater hwn? What are the expectations of advocacy support around this issue?** |
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| **Rhowch unrhyw fanylion pellach os gwelwch yn dda, er enghraifft manylion gweithiwr achos, dyddiadau cyfarfodydd ac unrhyw gwybodaeth ddefnyddiol arall Please provide any further details such as case worker information, dates of meetings and any other useful information** |
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| **Oes rhywun yn eirioli ar ran y person? Is there anyone advocating on the persons behalf?** | Oes Ia | Nac oes No | **Oes rhywun yn cefnogi person? Is there anyone supporting the person?** | Oes Ia | Nac oes No |
| **Oes rhywun sydd yn cefnogi’r person ar hyn o bryd sydd yn anaddas? Is anyone involved in supporting the person at the moment deemed as unsuitable?** | Oes Ia | Nac oes No | **Os oes, rhowch manylion isod os gwelwch yn daa If yes, please provide details below** | | |
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| **Os oes rhywun yn cefnogi’r person yn barod, oes chaniatâd i gysylltu efo nhw? Yn dilyn rheolau RDDC rhowch fanylion isod. If there is someone already supporting the person, do we have permission to contact them? If yes, please provide details below in line with GDPR regulations.** | | | |
| Enw  Name |  | Enw  Name |  |
| Perthynas i’r person  Relationship to person |  | Perthynas i’r person  Relationship to person |  |
| Manylion cyswllt Contact details |  | Manylion cyswllt Contact details |  |
| Unrhyw wybodaeth pellach Any further information |  | Unrhyw wybodaeth pellach Any further information |  |

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| **4. Asesiad risg - PWYSIG / Risk assessment - IMPORTANT** | | |
| **Math o Risg**  **Type of Risk** | **Effaith y Risg Impact of Risk** | **Dulliau i leihau Risg Risk Reduction Methods** |
| ***Engraifft/example:  Camdrin geiriol/ verbal abuse*** | *Gall yr unigolyn weiddi, rhegi a defnyddio iaith sy’n bychanu/Subjected to verbal swearing and/or derogatory language* | *Sicrhau fod terfynnau clir yn eu lle, bod yn ymwybodol ac yn barod am yr ymddygiad, dilyn y cynllun gofal ble mae’n addas a gadael os oes rhaid/Setting boundaries, be prepared, follow care plan where appropriate and leave if necessary* |
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| **5. Manylion y cyfeiriwr / Referrer information** | |
| Enw’r cyfeiriwr: Referrer name: |  |
| Manylion cyswllt y cyfeiriwr: Referrer contact details: |  |
| Perthynas I’r person:  Relationship to the person: |  |
| Dyddiad: Date: |  |

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| **Ar ôl cwblhau, dychwelwch y ffurflen hon i: enquiry@nwaaa.co.uk**  **Once completed please return this form to: enquiry@nwaaa.co.uk**  Os hoffech wybod mwy am sut byddwn yn casglu ac chadw gwybodaeth, gofynnwch am gopi o'n hysbysiad preifatrwydd os gwelwch yn dda.  If you would like to know more about how we collect and keep information please ask for a copy of our privacy notice. |