**Ffurflen Ymholi â Hunan-Gyfeiro
Enquiry and Self-Referral Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AWDURDOD LLEOLLOCAL AUTHORITY** |  | **DYDDIADDATE** |  | **CHANIATADCONSENT GIVEN** | Ia / NaYes / No |

|  |
| --- |
| **Manylion Personol / Personal details** |
| **Eich enwYour name** |  | **Dyddiad geniDate of Birth** |  |
| **Iaith fafriedigPreferred language** |  | **Hunaniaeth rhywGender identity** |  |
| **Sut wnaethoch cael gwybod am ein wasanaeth?How did you find out about our service?** |  |

|  |
| --- |
| **Eich fanylion cyswllt / Your Contact Details** |
| Cyfeiriad llinell 1Address line 1 |  | E-bôstE-mail |  |
| Cyfeiriad llinell 2 Address line 2 |  | Rhif ffônTelephone number |  |
| DrefTown |  | Rhif ffôn eilaiddSecondary telephone |  |
| SîrCounty |  | Ffyrdd cyswllt dewisolPreferred contact methods |  |
| Cod PostPostcode |  | CrefyddReligion |  |
| **Pa rhwystr sydd gennych / What barrier do you have** |
| Anabledd DysguLearning Disability |  | Person HŷnOlder Person |  | Iechyd MeddwlMental Health |  |
| Nam CorfforolPhysical Impairment |  | DementiaDementia |  | Salwch CorfforolPhysical Illness |  |
| Nam SynhwyraiddSensory Impairment |  | GofalwrCarer  |  | RhiantParent |  |
| Bregus (arall)Vulnerable (other) |  | Anaf YmenyddBrain Injury |  | ArallOther |  |
| **Oes gennych unrhyw anghenion cyfarthrebiad? / Do you have any communication needs?** |
|  |
| **Beth ydych angen chefnogaeth efo? / What do you need support with?** |
|  |

|  |
| --- |
| **AM DDEFNYDD SWYDDFA GACGC / FOR NWAAA OFFICE USE** |
| **DATE RECEIVED** |  |
| **ENQUIRY TAKEN BY** |  |
| **ACTION TAKEN** |  |
| **ACTION TAKEN BY** |  |
| **ACTION DATE** |  |