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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AWDURDOD LLEOL LOCAL AUTHORITY** |  | **DYDDIAD DATE** |  | **CHANIATAD CONSENT GIVEN** | Ia / Na  Yes / No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manylion Personol / Personal details** | | | | |
| **Eich enw Your name** |  | | **Dyddiad geni Date of Birth** |  |
| **Iaith fafriedig Preferred language** |  | | **Hunaniaeth rhyw Gender identity** |  |
| **Sut wnaethoch cael gwybod am ein wasanaeth? How did you find out about our service?** | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Eich fanylion cyswllt / Your Contact Details** | | | | | | | |
| Cyfeiriad llinell 1  Address line 1 |  | | E-bôst  E-mail | | |  | |
| Cyfeiriad llinell 2 Address line 2 |  | | Rhif ffôn Telephone number | | |  | |
| Dref Town |  | | Rhif ffôn eilaidd Secondary telephone | | |  | |
| Sîr County |  | | Ffyrdd cyswllt dewisol  Preferred contact methods | | |  | |
| Cod Post  Postcode |  | | Crefydd  Religion | | |  | |
| **Pa rhwystr sydd gennych / What barrier do you have** | | | | | | | |
| Anabledd Dysgu Learning Disability |  | Person Hŷn  Older Person | |  | Iechyd Meddwl Mental Health | |  |
| Nam Corfforol Physical Impairment |  | Dementia Dementia | |  | Salwch Corfforol Physical Illness | |  |
| Nam Synhwyraidd Sensory Impairment |  | Gofalwr  Carer | |  | Rhiant  Parent | |  |
| Bregus (arall)  Vulnerable (other) |  | Anaf Ymenydd Brain Injury | |  | Arall  Other | |  |
| **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** |  |