*****F.V 09/2024*

**Ffurflen gyfeirio ar gyfer Ymholiad ADY / *ALN enquiry Referral Form***

**Gwybodaeth am y Plentyn / *Information about the Child***

|  |  |  |  |
| --- | --- | --- | --- |
| Enw Llawn /*Full Name*: | > | D.G. / *DoB*: | > |
| Enw Dewisol / *Preferred Name*: | > | Rhywedd / Gender: | > |
| Enw Rhiant neu Gwarcheidwad  */ Parent or Guadian’s Name*: | > | Cyfrifodeb Rhiant  / *Parental Resposibility*: | > |
| Rhif ffôn / *Phone number*: | > | E bost / *Email*: | > |
| Cyfeiriad Cartref /  *Home Address* : | > | Cod Post /  *Post code :* | > |
| Enw Rhiant neu Gwarcheidwad  */ Parent or Guadian’s Name*: | > | Cyfrifodeb Rhiant  / *Parental Resposibility*: | > |
| Rhif ffôn / *Phone number*: | > | E bost / *Email*: | > |
| Cyfeiriad Cartref /  *Home Address* : | > | Cod Post /  *Post code :* | > |

|  |  |
| --- | --- |
| A yw’r plentyn dan Gynllun Amddiffyn Plant neu’n Blentyn Mewn Angen? /  *Is the child under a Child Protection Plan or a Child in Need?* : | > |

**Manylion lleoliad Blynyddoedd Cynnar / *Pre-school providers***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Enw lleoliad / *Setting name:*  Cyfeiriad / *Address:* | > | | | | | | |
|  | > | | | | | | |
| Math o leoliad (ticiwch beth sy’n berthnasol) / *Type of setting (tick what is relevant)* | | | | | | | |
| Addysg / *Education*: | |  | Gofal / *Care* : | |  | Dyddiad cychwyn / *Start date* : | > |
| Person cyswllt yn y lleoliad / *Person to contact in setting* : | | | | > | | | |
| E-bost / *E-mail*:  Enw 2ail leoliad /  2nd setting name | >  > | | | | | Rhif Ffôn Cyswllt *Contact number* : | > |
|  | Click or tap here to enter text. | | | | |  |  |

**Gwybodaeth a Thystiolaeth / *Information and Evidence***

|  |  |  |
| --- | --- | --- |
| **Tystiolaeth canlynol ar y system electroneg / *Following evidence on the electronic system*** | | |
| 1: cofnodion sgyrsiau (Ff1), *minutes of review conversations (Ff1),* | |  |
| 2: Proffil tracio BC wedi’i adolygu. *Revised EY tracking profile* | |  |
| 3: Targedau ar y proffil wedi’u adolygu, *Targets revised on the profile* | |  |
| 4: Cofnodi beth sy’n gweithio / ddim yn gweithio o ran datblygiad a darpariaeth o fewn tab ysgol ar y system electronig (unrhyw wybodaeth ychwanegol), *Record What working / not working in terms of development and provision within a school tab on the electronic system* | |  |
| **Os nad ydy’r wybodaeth yn y blwch uchod ar y system electroneg, darparwch grynodeb isod (rhesymau dros gyfeirio i sylw’r Awdurdod Lleol) /**  ***If the information in the above box is not on the electronic system, please provide a summary below (reason for referring to the attention of the Local Authority)*** | | |
|  | | |
| **Pwy sy’n darparu’r gefnogaeth bresennol i’r plentyn ?**  ***Who provides current support for the child?*** | | | | |
|  | | Ymwelydd Iechyd / *Health Visitor*: | | |
|  | | Therapydd Iaith a Lleferydd / *Speech and Language Therapist* : | | |
|  | | Paediatregydd cymunedol /Community *Paediatrician* : | | |
|  | | Tîm Niwroddatblygiadol / *Neurodevelopmental Team* : | | |
|  | | Awdioleg - Gweithiwr Nam Clyw / *Audiology - Hearing Impairment Worker*: | | |
|  | | Orthoptig, Opthalmoleg, Optometreg, Gweithiwr Nam Golwg / Orthoptic, Ophthalmology, Optometry,*Visual Impairment Worker* : | | |
|  | | Ffisiotherapydd / *Physiotherapist* : | | |
|  | | Nyrs Arbenigol / *Specialist Nurse* : | | |
|  | | Therapydd Galwedigaethol / *Occupational Therapist* : | | |
|  | | Gweithiwr Cymdeithasol / *Social Worker* : | | |
|  | | Gweithiwr Chwarae neu Cefnogi Teulu / family support officer or *Play Worker* : | | |
|  | | Gwasanaethau Arbenigol Plant (Derwen / GAP) / *Specialist Children's Services* : | | |
|  | | Arall / *Other* : | | |

**Gwybodaeth am y cyfeirydd / *Information about the Referrer***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enw’r cyfeirydd /  *Name of Referrer*: | > | | | Perthynas i’r plentyn / *Relationship to Child* : | | | > | |
| Rhif ffôn / *Phone number*: | > | | | E bost / *Email* | > | | | |
|  |  | | | *Dyddiad:* | > | | | |
| Gwasanaeth (os yn berthnasol) / *Service (if relevant):* | | | > | | | | | |
| Cyfeiriad / *Address*: | | > | | | | Cod Post /  *Post code:* | | > |

|  |  |
| --- | --- |
| Mae’r rhiant / gofalwr yn ymwybodol o’r cyfeiriad hwn / *Parent / carer are aware of this referral.* |  |
| Mae’r rhiant / gofalwr yn ymwybodol bydd yr Awdurdod Lleol yn debygol o gyflwyno cais i’r Gwasanaethau iechyd rhestrwyd uchod i ddarparu gwybodaeth i’w cefnogi i wneud penderfyniad os oes gan eu plentyn ADY ai pheidio / *The parent / carer is aware that possibly the Local Authority will submit request to the health Services listed above to provide information to support them in deciding if their child has ALN or not.* |  |
| I’w ddychwelyd i / *Return to*: [**GweinyddolADYaCH@Gwynedd.llyw.cymru**](mailto:GweinyddolADYaCH@Gwynedd.llyw.cymru)  Pan nad yw’n bosib anfon y ffurflen yn electronig, anfonwch y ffurflen drwy’r post:  *Where sending the form electronically is not possible, please return the form by post:*  **Gwasanaeth ADYaCh**  **Pencadlys Cyngor Gwynedd**  **Stryd y Castell**  **Caernarfon**  **LL55 1SE** |  |

Am wybodaeth ar sut mae Cyngor Gwynedd yn trin data personol, gallwch weld datganiad preifatrwydd ar y wefan: **www.gwynedd.llyw.cymru**

*For information as to how Gwynedd Council handles personal data, please see the Privacy Notices on the website:* **www.gwynedd.llyw.cymru**