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| **defnyddiwch ganllawiau llenwi ffurflen atgyfeirio gwasanaeth allgymorth dechrau'n deg i’ch helpu chi gwblhau’r cais hwn.**  **ar ôl gorffen, anfonwch y cais i:** fs-outreach@conwy.gov.uk | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **MANYLION Y PLENTYN** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enw cyntaf y plentyn** | | | |  | | | | | | **Cyfenw’r plentyn** | | | | | | |  | | | | | | | | |
| **Dyddiad Geni** | | | |  | | | | | | **Prif iaith y cartref** | | | | | | |  | | | | | | | | |
| **Ethnigrwydd (gan gynnwys Sipsi, Roma neu Deithiwr)** | | | |  | | | | | | **Unrhyw Anabledd neu Anghenion Dysgu Ychwanegol? Nodwch** | | | | | | |  | | | | | | | | |
| **2. MANYLION Y RHIENI** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enw’r rhiant/gofalwr â’r cyfrifoldeb rhiant** | | | |  | | | | | | **Perthynas â’r plentyn** | | | | | | |  | | | | | | | | |
| **Rhif ffôn tŷ** | | | |  | | | | | | **Rhif ffôn symudol** | | | | | | |  | | | | | | | | |
| **Cyfeiriad PRESENNOL**  **Cod Post** | | | |  | | | | | | **Cyfeiriad BLAENOROL\***  **Cod Post** | | | | | | | (\*os wedi symud o ardal Dechrau’n Deg) | | | | | | | | |
| **3. MANYLION UNIGOLION ERAILL YR AELWYD** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enw cyntaf** | | | **Cyfenw** | | | | | | **Perthynas â’r plentyn** | | | | **Dyddiad Geni** | | | | | | | | **Ysgol / Cyflogaeth / Lleoliad Gofal Plant** | | | | |
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| **4. UNIGOLION ARWYDDOCAOL - Y TU ALLAN I’R AELWYD** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enw cyntaf** | | | **Cyfenw** | | | | | | **Perthynas â'r plentyn os oes ganddo/ganddi gyfrifoldeb rhiant** | | | | **Dyddiad Geni** | | | | | | | | **Ysgol / Cyflogaeth / Lleoliad Gofal Plant** | | | | |
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| **5. MANYLION YR ATGYFEIRIWR** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enw’r atgyfeiriwr** | | | |  | | | | | | **Rôl/Perthynas** | | | | | | |  | | | | | | | | |
| **Rhif ffôn cyswllt** | | | |  | | | | | | **Cyfeiriad e-bost** | | | | | | |  | | | | | | | | |
| **6. EICH PRYDERON**  **nodwch eich pryderon ynghylch y plentyn/teulu hwn** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. EICH RHAN CHI**  **nodwch eich cysylltiad chi â’r teulu** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9. GWEITHWYR PROFFESIYNOL PERTHNASOL**  **nodwch enw unrhyw weithiwr proffesiynol arall** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Meddyg Teulu / Meddygfa** | | | |  | | | | | | **Canolfan Deuluoedd / Tîm Cymorth i Deuluoedd** | | | | | | |  | | | | | | | | |
| **Bydwraig Gymunedol** | | | |  | | | | | | **Ymwelydd Iechyd**  **(presennol a blaenorol os yn berthnasol)** | | | | | | |  | | | | | | | | |
| **Gweithiwr Cymdeithasol** | | | |  | | | | | | **Unrhyw asiantaeth arall sy’n gysylltiedig** | | | | | | |  | | | | | | | | |
| **9. ASIANTAETHAU ERAILL SY’N YMWNEUD Â’R TEULU** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enw** | | | **Asiantaeth** | | | | | | **Rôl** | | | | **Manylion Cyswllt (e-bost, rhif ffôn)** | | | | | | | | **Cyfnod y cysylltiad** | | | | |
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| **10. PROFIADAU NIWEIDIOL YN YSTOD PLENTYNDOD**  **os ydi hi’n briodol gofyn, a gafodd unrhyw aelod o’r teulu un o’r profiadau niweidiol canlynol yn ystod eu plentyndod? (ticiwch y rhai perthnasol)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cam-drin geiriol** | |  | | | | | **Rhieni yn gwahanu** | | | |  | | | | | **Camddefnydd o alcohol** | | | | | | |  | | |
| **Cam-drin corfforol** | |  | | | | | **Trais domestig** | | | |  | | | | | **Defnyddio cyffuriau** | | | | | | |  | | |
| **Cam-drin rhywiol** | |  | | | | | **Salwch meddwl** | | | |  | | | | | **Carchariad** | | | | | | |  | | |
| **Esgeulustod emosiynol** | |  | | | | | **Esgeulustod corfforol** | | | |  | | | | |  | | | | | | | | | |
| **11. ANGHENION DATBLYGIADOL Y PLENTYN (e.e. corfforol, meddyliol, emosiynol, cymdeithasol, perthynol, iaith, hunan-ofal) yn gynnwys ymyriadau perthnasol presennol a gwasanaethau sy’n ymwneud â’r teulu mewn perthynas ag anghenion datblygiadol** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12. GALLU RHIENI (e.e. gofal sylfaenol, sefydlogrwydd, cynhesrwydd emosiynol, sicrhau diogelwch ac ati)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **13. FFACTORAU TEULUOL AC AMGYLCHEDDOL (e.e. incwm, tai, y teulu ehangach, hanes a gweithrediad y teulu ac ati)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **14. RISGIAU (e.e. risgiau i weithwyr sy'n gweithio ar eu pen eu hunain, materion diogelu)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **15. DECHRAU’N DEG**  **ydi’r teulu wedi derbyn gwasanaethau dechrau’n deg o’r blaen? os felly, nodwch fanylion y gefnogaeth flaenorol** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **16. SAFBWYNT Y TEULU**  **nodwch beth sy’n bwysig i’r teulu (o’u safbwynt nhw), a’r canlyniadau yr hoffan nhw eu gweld ar ôl derbyn y gwasanaeth allgymorth** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17. ELFENNAU DECHRAU’N DEG**  **drwy roi croes (x) yn y blychau perthnasol, nodwch yr elfennau dechrau’n deg yr hoffech chi atgyfeirio’r teulu ar eu cyfer (gwelwch y canllawiau ynghlwm)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ymwelwyr Iechyd** |  | | | | **Gofal Plant** | | |  | | | | **Iaith a Llafaredd** | | |  | | | | | **Cymorth Teulu / Rhianta, yn cynnwys grwpiau** | | | |  | |
| **cofiwch lenwi adrannau perthnasol pob elfen rydych chi’n gofyn amdani. bydd y blychau yn mynd yn fwy wrth i chi eu llenwi.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18. GWASANAETH YMWELWYR IECHYD DECHRAU’N DEG**  **i dderbyn y gwasanaeth ymwelwyr iechyd uwch mae’n rhaid bod ar y teulu angen lefelau dwys neu uwch o gymorth. nodwch lefel y cymorth isod** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DWYS** | | | |  | | | | | | | **UWCH** | | | | | | |  | | | | | | | |
| **nodwch sut gall y gwasanaeth ymwelwyr iechyd gefnogi’r teulu ac anghenion datblygiadol y plentyn. cofiwch ymgynghori â’r ymwelydd iechyd presennol ynghylch y cais am wasanaeth allgymorth a nodi’r manylion yma** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **19. GOFAL PLANT**  **darperir gofal plant dechrau'n deg drwy'r gwasanaeth allgymorth dan amgylchiadau eithriadol yn unig. nodwch isod y rhesymau dros geisio gofal plant** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **20. IAITH, LLEFERYDD A CHYFATHREBU**  **mae rhaglen dechrau'n deg yn cynnig cymorth ychwanegol i rieni/gofalwyr i fagu hyder i gefnogi dysg eu plentyn. i ystyried cais am wasanaeth portage ar gyfer plentyn gydag anghenion ychwanegol mae’n rhaid darparu atodlen o sgiliau tyfu.** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **21. CYMORTH I DEULUOEDD / CYMORTH RHIANTA, YN CYNNWYS GRWPIAU**  **sylwch, yng nghonwy mae cymorth i deuluoedd a chymorth rhianta ar gael yn deg dros y sir. bydd gweithiwr cefnogi’r teulu yn cynnal sgwrs ‘beth sy’n bwysig’ gyda’r teulu yn defnyddio ein hofferyn lles. ydi’r teulu eisoes mewn cysylltiad â thîm cymorth i deuluoedd lleol neu’n cymryd rhan mewn gweithgareddau canolfan deuluoedd?** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **22. GWYBODAETH YCHWANEGOL I GEFNOGI’R CAIS** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **23. LLOFNOD A CHANIATÂD YR ATGYFEIRIWR A’R RHIANT/GOFALWR** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ydych chi, y rhiant/gofalwr, yn cytuno â gwneud yr atgyfeiriad ac yn cytuno bod yr wybodaeth uchod yn gywir?** | | | | | | | | | | | | | | | **Ydw** | |  | | | | | **Nac Ydw** | | |  |
| **Llofnod y rhiant/gofalwr gyda’r cyfrifoldeb rhiant** | | | | | |  | | | | | | | | **Dyddiad** | | | | |  | | | | | | |
| **Llofnod yr atgyfeiriwr** | | | | | |  | | | | | | | | **Dyddiad** | | | | |  | | | | | | |
| **HYSBYSIAD PREIFATRWYDD** | | | | | | | | | | | | | | | | | | | | | | | | | |

Ar ôl gorffen, anfonwch y cais i: fs-outreach@conwy.gov.uk

**At ddefnydd y swyddfa’n unig: Crynodeb o’r penderfyniad**