Please complete all sections as stated / Llenwch bob adran fel y nodwyd

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| **YEPS REFERRAL FORM Ffurflen Atgyfeirio Gwasanaeth Ymgysylltu a Chyfranogiad Ieuenctid** |

|  |  |
| --- | --- |
| **Dyddiad Atgyfeirio / Date of Referral** |  |

|  |  |  |
| --- | --- | --- |
| **Atgyfeiriwyd gan/Referral made by:** | **Swydd/Position** | **Manylion Cyswllt/Contact Details** |
|  |  |  |
| **Cyreiriad Atgyfeiriwr /****Referrer Address** |  |

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| **1. Young Person Personal Details / Manylion Personol y Disgybl** |
| **Enw(au) Cyntaf/Forename** |  | **Cyfenw / Surname** |  |
| **Dyddiad Geni / Date of Birth** |  | **Rhyw / Gender** |  |
| **Cyfeiriad / Address** |  |
| **Ysgol / School****Coleg / College** |  | **Bl / Year** |  |

|  |  |
| --- | --- |
| **Unrhyw anghenion arbennig / Any special needs** |  |

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| --- | --- |
| **Enw’r rhiant/gwarcheidwad / Name of Parent/Guardian** |  |
| **Rhif Ffôn / Contact Telephone Number** |  |

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| **2. Manylion Ychwanegol / Additional Information** |
| **Asiantaethau eraill ynglŷn â’r achos / Other Agencies Involved/****Oes/Nac oes****Y/N**  | **Cynnal Dysgu /** **Learning Support** | [ ]  | **AWS** | [ ]  | **Cwnsela mewn ysgolion /** **School Counselling** | [ ]  |
|  | **Cynnal Ymddygiad /** **Behaviour Support** | [ ]  | **SENAS/AAA** | [ ]  | **Gwasanaethau Plant / Children’s Services** | [ ]  |
|  | **Gwasanaethau Iechyd Meddwl i Blant a Phobl Ifanc / Child & Adolescent Mental Health Service**  | [ ]  | **Gwasanaeth Seicoleg Addysg a Phlant / Education & Child Psychology Service/** | [ ]  | **Ymbarel / PLACE** | [ ]  |
|  | **Gwasanaeth Teuluoedd Cydnerth /** **Resilient Families Service/** | [ ]  | **Gofalwyr Ifanc/****Young Carers/** | [ ]  | **Gwasanaeth Toseddu Ifanc / Youth Offending Service** | [ ]  |
|  | **Gyrfa Cymru / Careers Wales/** | [ ]  | **Arall (nodwch)/****Other (Please describe)** | [ ]  |  |
| **Ydy’r person ifanc yn gwybod am yr atgyfeiriad?****Is the young person aware of this referral? /** |  |

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| **3. Natur y cyswllt gyda’r person sy’n atgyfeirio (yn cynnwys amser y cyswllt) /**  **Nature of contact with referrer (including length of contact)**  |
|  |
| **4. Rheswm dros Atgyfeirio / Reason for Referral**  |
| Iechyd MeddwlMental HealthGwella CydnertheddImprove ResilienceAtal digartrefedd ymhlith pobl ifaincPrevent Youth Homelessness**Ticiwch neu uwcholeuo / Please tick or highlight ONE**  Gwybodaeth ychwanegol / Additional Information  |
| **5. Nodwch sylw ar ymddygiad y person ifanc**  **Please comment on the young persons’ behaviour**  |
|  |
| **6. Deilliannau a fwriedir / Intended Outcomes** | **Sylwadau / Comments** |
| Cynyddu lefelau cydnerthImprove resilience levels |  |
| Cymryd rhan mewn gweithgareddau cadarnhaol: gan gynnwys gwybodaeth, cyngor ac arweiniad / Engage in education, employment and/or training |  |
| Cymryd rhan mewn gweithgareddau cadarnhaol: gan gynnwys gwybodaeth, cyngor ac arweiniad / Increase participation in community based activities |  |
| Magu hyder a gwella lles / Increase confidence and improve wellbeing |  |
| Hyfforddiant Teithio / Travel Training |  |

**Anfonwch e-bost o'r ffurflenni wedi'u cwblhau i /** Please email completed forms to yeps@rctcbc.gov.uk

**yeps@rctcbc.gov.uk**