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** |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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? /** | | | |  | | | | | |

|  |  |
| --- | --- |
| **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 Meddwl  Mental Health  Gwella Cydnerthedd  Improve Resilience  Atal digartrefedd ymhlith pobl ifainc  Prevent 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 cydnerth  Improve 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**](mailto:yeps@rctcbc.gov.uk)