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| Referral FormEquine-Facilitated Learning | Ffurflen CyfeirioCeffylau yn Hwyluso Dysgu |

## Referrer Guidance / *Canllawiau Atgyfeirwyr*

1. To refer an individual, complete this form with as much information as possible and return it to the address above. *I gyfeirio unigolyn, llenwch y ffurflen hon efo cymaint o wybodaeth â phosibl a'i dychwelyd i'r cyfeiriad uchod*
2. This form should **only be used** to refer individuals for Equine-Facilitated Learning (EFL) sessions. *Dylid defnyddio’r ffurflen hon i gyfeirio unigolion am sesiynau Ceffylau yn Hwyluso Dysgu (EFL)* ***yn unig****.*
3. Referrals can be made by professionals currently involved in the individual’s care, individuals themselves or a parent/carer (if the individual is under 18). *Gellir cyfeirio gan weithwyr proffesiynol ar hyn o bryd sy'n ymwneud â gofal yr unigolyn, unigolion eu hunain neu riant/gofalwr (os yw'r unigolyn o dan 18 oed).*
4. It is the referrer’s responsibility to ensure the individual (and their parent/carer if under 18) is **aware of** & **give their consent** for the referral to be made. C*yfrifoldeb y cyfeiriwr yw sicrhau bod yr unigolyn (a’r rhiant/gofalwr os o dan 18 oed) yn* ***ymwybodol ac yn cytuno i’r cyfeiriad.***
5. Each of WITH’s services has specific eligibility criteria and requirements which are detailed on our website. Please make sure you have checked that the individual is eligible and the other requirements can be met **before making the referral**. *Mae gan bob un o wasanaethau WITH meini prawf a gofynion a nodir ar ein gwefan. Gwnewch yn siŵr yr ydych wedi gwirio bod yr unigolyn yn cymwys a gellir cwrdd â'r gofynion eraill* ***cyn cyfeirio.***
6. When we receive a referral, we will check the individual’s eligibility and suitability for the specific service. We will then contact the referrer to confirm whether we are able to accept the referral or not. *Pan fyddwn yn derbyn cyfeiriad, byddwn yn gwirio cymhwysedd ac addasrwydd yr unigolyn ar gyfer y gwasanaeth penodol. Yna byddwn yn cysylltu â’r cyfeirydd i gadarnhau a allwn dderbyn y cyfeiriad neu beidio.*
7. Specific days and times of sessions will be arranged with the person/people detailed in the Transport section. *Bydd diwrnodau ac amserau penodol ar gyfer sesiynau yn trefnu efo y person/pobl a nodir yn yr adran Cludiant isod.*
8. WITH is unable to provide transport. Please make sure transport has been planned before making the referral. *Nid yw WITH yn gallu darparu cludiant. Gwnewch yn siŵr bod cludiant wedi'i gynllunio cyn gwneud y cyfeiriad.*
9. An invoice for services will be sent to the person in the Payment section below and must be paid before the individual’s sessions commence. *Bydd anfoneb ar gyfer gwasanaethau i'w anfon at y person a nodir yn adran Taliad isod, a rhaid talu cyn I’r sesiynau ddechrau.*
10. Once the individual has completed their course of sessions, we will send the referrer a report on their progress. It is the referrer’s responsibility to share this report with the participant, their family and any other organisations who it may be useful for, subject to consent being given. *Pan fydd yr unigolyn wedi cwblhau ei gwrs o sesiynau, byddwn yn anfon y cyfeirydd adroddiad ar eu cynnydd. Cyfrifoldeb y cyfeirydd yw rhannu'r adroddiad gyda'r cyfranogwr, ei deulu ac unrhyw sefydliadau eraill a allai fod yn ddefnyddiol, bod caniatâd yn cael ei roi.*

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## Participant Details / *Manylion Cyfranogwr*

|  |  |
| --- | --- |
| Name / *Enw*: |  |
| Date of Birth / *Dyddiad Geni*: |  |
| Gender / *Rhyw*: |  |
| Address / *Cyfeiriad*: |  |
| Postcode / *Côd Post* |  |
| Telephone / *Ffôn*: |  |
| Parent/Carer (if under 18) / *Rhiant/Gofalwr (os dan 18 oed)* | |
| |  |  | | --- | --- | | Name / *Enw*: |  | | Relationship to Participant / *Perthynas â'r Cyfranogwr* |  | | Telephone / *Ffôn*: |  | | |

## Availability / *Argaeledd*

When is Participant able to attend? (Tick all that apply)

*Pryd mae’r Cyfranogwr yn gallu mynychu?(Ticiwch pob un sy’n berthnasol)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning / *Bore* | Afternoon / *Prynhawn* | After school / *Ar ôl ysgol* |
| Monday / *Dydd Llun* |  |  |  |
| Tuesday / *Dydd Mawrth* |  |  |  |
| Wednesday / *Dydd Mercher* |  |  |  |
| Thursday / *Dydd Iau* |  |  |  |
| Friday / *Dydd Gwener* |  |  |  |

## Reason for Referral / *Rheswm am Gyfeirio*

Tick all that apply / *Ticiwch pob un sy’n berthnasol*

|  |  |  |  |
| --- | --- | --- | --- |
| Confidence / *Hyder* |  | Disability / *Anabledd* |  |
| Communication / *Cyfathrebiad* |  | Mental Health / *Iechyd Meddwl* |  |
| Behaviour / *Ymddygiad* |  | Trauma / *Trawma* |  |
| Other / *Arall* |  |  |  |

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| Please give further details about how the participant is affected by the issues indicated above.  *Rhowch ragor o fanylion am sut mae'r materion a nodir uchod yn effeithio ar y cyfranogwr.* |
|  |

## Urgent Referral / *Cyfeirio Brys*

|  |  |  |  |
| --- | --- | --- | --- |
| Does the participant need to attend WITH urgently? *A oes angen y cyfranogwr i fod yn bresennol WITH ar frys?* | **YES / *OES*** | **NO / *NAG OES*** | |
| **Please indicate reason for urgent referral / *Nodwch rheswm dros cyfeirio brys*** | | | |
| Immediate risk to themselves or others *Risg uniongyrchol iddynt hwy eu hunain neui eraill* | | |  |
| Short-term availability (e.g. in temporary foster care) *Argaeledd tymor-byr (ee mewn gofal maeth dros dro)* | | |  |
| Other / *Arall* | | |  |
| **Please give details / *Rowch fanylion plîs:*** | | | |
|  | | | |

## Other Support / *Cymorth Arall*

|  |  |  |
| --- | --- | --- |
| Has the participant had any other therapy or support? *Ydy'r cyfranogwr wedi cael unrhyw therapi neu gymorth arall?* | **YES / *DO*** | **NO / *NADDO*** |
| **If yes, please give details / Os do, rowch fanylion:** | | |
|  | | |

## Other Information / *Gwybodaeth Arall*

|  |  |  |
| --- | --- | --- |
| **Does the participant have / *Oes gan y cyfranogwr:*** | **Y/O** | **N** |
| Additional needs relating to illness, impairment, allergies or other issues? A*nghenion ychwanegol sy’n gwneud â salwch, nam, alergeddau neu faterion eraill?* |  |  |
| Any prescribed medications? / *Unrhyw feddyginiaeth penodedig?* |  |  |
| A history of violent or harmful behaviour towards animals? *Hanes o ymddygiad treisgar neu niweidiol tuag at anifeiliaid?* |  |  |
| A history of violent/inappropriate behaviour towards others? *Hanes o ymddygiad treisgar/amhriodol tuag at eraill?* |  |  |
| Any issues around drug, alcohol or solvent misuse? *Unrhyw faterion yn ymwneud â chamddefnyddio cyffuriau, alcohol neu hydoddydd?* |  |  |
| Any safeguarding concerns relating to them? *Unrhyw bryderon diogelu sy'n ymwneud â hwy?* |  |  |
| Any specific issues around the safety of information being shared? *Unrhyw faterion penodol o ran diogelwch gwybodaeth yn cael ei rhannu?* |  |  |
| If you have answered YES to any of the above questions, please give details: *Os ydych wedi ateb OES i unrhyw un o'r cwestiynau uchod, rhowch fanylion:* | | |
|  | | |

## Transport / *Cludiant*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Who will be transporting the participant?** (Tick all that apply) ***Pwy fydd yn cludo'r cyfranogwr?*** *(Ticiwch bob un sy'n berthnasol)* | | | | | | | |
|  | Participant *Cyfranogwr* |  | Parent/Carer *Rhiant/Gofalwr* |  | Other family member *Aelod arall o'r teulu* |  | Taxi *Tasci* |
|  | Referrer *Cyfeirydd* |  | Other professional *Proffesiynol eraill* |  | Other (Please specify): *Arall (Rhowch fanylion):* |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of people who will transport the participant: *Manylion y bobl a fydd yn cludo’r cyfranogwr:*** | | | |
| Name / *Enw*: |  | Name / Enw: |  |
| Telephone / *Ffôn*: |  | Telephone / *Ffôn*: |  |

**\* N.B. Only individuals/taxi companies noted here will be able to collect participants under the age of 18.\***

***\* Bydd dim ond yr unigolion/cwmnïau tacsi yma yn medru casglu cyfranogwyr dan 18 oed\****

## Payment / *Taliad*

|  |  |
| --- | --- |
| Please provide details of who we should send the invoice for these services to (if not the referrer). *I bwy ddylen ni anfon yr anfoneb ar gyfer y gwasanaethau hyn (os nad y cyfeiriwr)?* | |
| Name / *Enw*: |  |
| Job Title / *Teitl Swydd*: |  |
| Address / *Cyfeiriad*: |  |
| Postcode / *Côd Post* |  |
| Telephone / *Ffôn*: |  |
| Email / *E-bost:* |  |

## Referrer Details / *Manylion Cyfeiriwr*

|  |  |
| --- | --- |
| Name / *Enw*: |  |
| Job Title / *Teitl Swydd*: |  |
| Address / *Cyfeiriad*: |  |
| Postcode / *Côd Post* |  |
| Telephone / *Ffôn*: |  |
| Email / *E-bost:* |  |

## Declaration / Datganiad

By signing this form, you agree / *Trwy arwyddo’r ffurflen hon, rydych chi’n cytuno*:

* That the information given herein is, to the best of your knowledge, correct. *Bod y wybodaeth yma yn, hyd eithaf eich gwybodaeth, yn gywir.*
* To WITH using the information given for the sole purpose of providing the services you have requested. *I WITH defnyddio'r wybodaeth a roddwyd er mwyn darparu’r gwasanaethau yr ydych wedi gofyn amdanynt.*
* To WITH passing your details onto other organisations/referrers so that they can contact you for information about the individual you have referred. *I WITH pasio eich manylion ymlaen sefydliadau/cyfeirydd eraill fel y gallant gysylltu â chi i gael gwybodaeth am yr unigolyn yr ydych wedi cyfeirio.*
* To notify WITH of any changes to the information provided. *I hysbysu WITH o unrhyw newidiadau i'r wybodaeth a roddir.*
* That the participant (and parent/carer) are aware of the referral. *Bod y cyfranogwr (a'r rhiant/gofalwr) yn ymwybodol o’r cyfeiriad.*

|  |  |
| --- | --- |
| Signed / *Llofnod*: |  |
| Date / *Dyddiad:* |  |