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| Referral Form / Ffurflen CyfeirioFeeling Herd |

## Referrer Guidance / *Canllawiau Cyfeiriwr*

1. To refer a family, complete this form with as much information as possible and return it to the address above. *I gyfeirio teulu, 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 families for Feeling Herd sessions. *Dylid defnyddio’r ffurflen hon i gyfeirio teuluoedd am sesiynau Feeling Herd* ***yn unig****.*
3. Referrals can **only** be made by professionals currently working with the family. *Gall cyfeiriad dim ond cael ei chwblhau gan weithwyr proffesiynol sy’n gweithio gyda’r teulu ar hyn o bryd.*
4. It is the referrer’s responsibility to ensure the family is **aware of** & **give their consent** for the referral to be made. C*yfrifoldeb y cyfeiriwr yw sicrhau bod y teulu’n* ***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 family 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 y teulu yn cymwys a gellir cwrdd â'r gofynion eraill* ***cyn cyfeirio.***
6. When we receive a referral, we will check the family’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 y teuluoedd 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. *Trefnir diwrnodau ac amseroedd penodol o sesiynau gyda’r person / pobl a fanylir yn yr adran Cludiant.*
8. WITH is unable to provide transport. Please make sure transport has been planned before making the referral. *Ni all WITH darparu cludiant. Gwnewch yn siŵr bod cludiant wedi'i gynllunio cyn gwneud y cyfeiriad.*
9. Once the family 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 family and any other organisations who it may be useful for, subject to consent being given. *Pan fydd y teulu wedi cwblhau eu cwrs o sesiynau, byddwn yn anfon y cyfeirydd adroddiad ar eu cynnydd. Cyfrifoldeb y cyfeirydd yw rhannu'r adroddiad gyda'r teulu ac unrhyw sefydliadau eraill a allai fod yn ddefnyddiol, yn amodol bod caniatâd yn cael ei roi.*

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| Referral Form / Ffurflen CyfeirioFeeling Herd |

## Parent/Carer Details / *Manylion Rhiant/Gofalwr*

|  |  |
| --- | --- |
| Name / *Enw*: |  |
| Date of Birth / *Dyddiad Geni*: |  |
| Gender / *Rhyw*: |  |
| Address / *Cyfeiriad*: |  |
| Postcode / *Côd Post* |  |
| Telephone / *Ffôn*: |  |
| Mobile / *Ffôn Symudol:* |  |
| Other Participants / *Cyfranogwyr Eraill* | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Please give details of any children and other adults who will be attending sessions. *Rhowch fanylion unrhyw blant ac oedolion eraill a fydd yn mynychu sesiynau.* | | | | | | Name / *Enw*: | Date of Birth / *Dyddiad Geni:* | Gender / *Rhyw:* | Relationship to person above / *Perthynas â’r person uchod* | Same address / *Yr un cyfeiriad?* | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |

## Availability / *Argaeledd*

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

*Pryd mae’r teulu’n gallu mynychu?(Ticiwch bob 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*

|  |  |  |  |
| --- | --- | --- | --- |
| Communication / *Cyfathrebiad* |  | Family Relationships / *Perthnasoedd Teuluol* |  |
| Behaviour / *Ymddygiad* |  | Other / *Arall* |  |

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

## Other Support / *Cymorth Arall*

|  |  |  |
| --- | --- | --- |
| Is the family currently receiving any other support? *Ydy'r teulu derbyn unrhyw gymorth arall ar hyn o bryd?* | **YES / *YDYN*** | **NO / *NAC YDYN*** |
| **If yes, please give details / *Os ydyn, rowch fanylion*:** | | |
|  | | |

## Other Information / *Gwybodaeth Arall*

|  |  |  |
| --- | --- | --- |
| **Does anyone in the family have / A o*es gan unrhyw un yn y teulu:*** | **Y/O** | **N/NO** |
| 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 toddyddion?* |  |  |
| 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 family?** (Tick all that apply) ***Pwy fydd yn cludo'r teulu?*** *(Ticiwch bob un sy'n berthnasol)* | | | | | | |
|  | Parent/Carer *Rhiant/Gofalwr* |  | Other family member *Aelod arall o'r teulu* |  | Taxi *Tacsi* |  |
|  | Referrer *Cyfeiriwr* |  | Other professional *Proffesiynol eraill* |  | Other (Please specify): *Arall (Rhowch fanylion):* |  |

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

## 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 family you have referred. *I WITH pasio eich manylion ymlaen sefydliadau/cyfeirydd eraill fel y gallant gysylltu â chi i gael gwybodaeth am y teulu 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 family are aware of the referral. *Bod y teulu yn ymwybodol o’r cyfeiriad.*

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