



FFURFLEN ATGYFEIRIO

Enw'r Plentyn: Dyddiad Geni: Gwryw Benyw
 Cyfeiriad:
 Rhif Ffôn:
 Enw'r rhiant/gwarcheidwad cyfreithiol:
 Perthynas i'r plentyn:
 Grŵp Blwyddyn: Athro/Athrawes:.....
 Ysgol:..... Wedi ceisio cael caniatâd y Person Ifanc? Do Naddo
 Yn Gillick gymwys? Ydy Nac Ydy Wedi ceisio cael caniatâd y Rhiant? Do Naddo

RHAID i ffurflen holiadur priodol fod ynghlwm â phob ffurflen atgyfeirio:

Ysgolion Cynradd (HCA) Ydy Nac Ydy

Ysgolion Uwchradd (PI-CCGR) Ydy Nac Ydy

Rheswm dros atgyfeirio (ticiwch hyd at dri (3) fel bo'n briodol):

- | | | |
|--|--|--|
| <input type="checkbox"/> Cam-drin (gan gynnwys yn rhywiol) | <input type="checkbox"/> Cam-drin Domestig | <input type="checkbox"/> Hunanwerth |
| <input type="checkbox"/> Academaidd | <input type="checkbox"/> Anhwylderau Bwyta | <input type="checkbox"/> Rhywiol (gan gynnwys tueddfryd) |
| <input type="checkbox"/> Gwylltineb | <input type="checkbox"/> Teulu | <input type="checkbox"/> Straen/Pryder |
| <input type="checkbox"/> Yn Gysylltiedig ag Ymddygiad | <input type="checkbox"/> Pryder Ariannol/Tlodi | <input type="checkbox"/> Camddefnyddio Sylweddau |
| <input type="checkbox"/> Galar | <input type="checkbox"/> Perthynas ag Athrawon | <input type="checkbox"/> Hunanladdiad |
| <input type="checkbox"/> Bwlio | <input type="checkbox"/> Perthynas arall i Deulu neu Athrawon Hunan-Niweidio | <input type="checkbox"/> Arall |
| <input type="checkbox"/> Iselder | | |

Gwybodaeth Bellach (Defnyddiwch gefn y ffurflen os oes angen mwy o le arnoch)

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Unrhyw wasanaethau eraill/gweithwyr proffesiynol sy'n ymwneud â lles y plentyn (ticiwch fel bo'n briodol):

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|---|--|--|
| <input type="checkbox"/> Gwasanaeth SA | <input type="checkbox"/> Gwasanaethau Cymdeithasol | <u>CAM Y CÔD YMARFER</u> |
| <input type="checkbox"/> Athro/Athrawes Ymgynghorol | <input type="checkbox"/> Ar y Gofrestr Amddiffyn Plant: Ydy/Nac Ydy | <u>DATGANIAD:</u> Oes/Nac Oes |
| <input type="checkbox"/> Gwasanaeth Lles Addysgol | <input type="checkbox"/> Gweithwyr Iechyd Proffesiynol (<i>Nodwch pa rhai</i>) | DYDDIAD Y DATGANIAD: |
| <input type="checkbox"/> Gwasanaeth Cymorth Ymddygiad | <input type="checkbox"/> Arall: | <input type="checkbox"/> Gwybyddol/Dysgu |
| <input type="checkbox"/> Gweithiwr Cymorth Addysg (PMG) | <input type="checkbox"/> Ddim yn gwybod | <input type="checkbox"/> Ymddygiad/Emosiynol/Datblygiad Cymdeithasol |
| | | <input type="checkbox"/> Cyfathrebu/Rhyngweithio |
| | | <input type="checkbox"/> Synhwyr/Corfforol |

Wedi'i atgyfeirio gan: Dyddiad:

REFERRAL FORM



REFERRAL FORM

Name of Child: DOB: Male Female

Address:

Telephone number:

Name of parent/legal guardian:

Relationship to child:

Year Group: Teacher:.....

School:..... Young Person consent sought? Yes No

Gillick Competent? Yes No Parental consent sought? Yes No

All referral forms MUST be accompanied with an appropriate questionnaire form:

Primary Schools (SDQ) Yes No

Secondary Schools (YP-CORE) Yes No

Reason for referral (tick up to three (3) appropriate):

- | | | |
|---|---|---|
| <input type="checkbox"/> Abuse (Including sexual) | <input type="checkbox"/> Domestic Abuse | <input type="checkbox"/> Self-Worth |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Sexual (inc orientation) |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Family | <input type="checkbox"/> Stress/Anxiety |
| <input type="checkbox"/> Behaviour Related | <input type="checkbox"/> Financial Concerns/Poverty | <input type="checkbox"/> Substance Misuse |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Relationships with Teachers | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Relationship other than family or Teachers | <input type="checkbox"/> Other |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Self-Harm | |

Further Information (Please use reverse if more space is needed)

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Any other services/professionals involved in child's welfare (tick as appropriate):

- | | | |
|---|---|--|
| <input type="checkbox"/> EP Service | <input type="checkbox"/> Social Services | <u>STAGE OF THE CODE OF PRACTICE</u>
<u>STATEMENTED:</u> _____ Yes/No |
| <input type="checkbox"/> Advisory Teacher | <input type="checkbox"/> On Child protection register: Yes/No | |
| <input type="checkbox"/> Educational Welfare Service | <input type="checkbox"/> Health Professionals (<i>please specify</i>) | DATE OF STATEMENT: |
| <input type="checkbox"/> Behaviour Support Service | <input type="checkbox"/> Other: | <input type="checkbox"/> Cognitive/Learning |
| <input type="checkbox"/> Education Support Worker (LAC) | <input type="checkbox"/> Not known | <input type="checkbox"/> Behaviour/Emotional/Social Dev |
| | | <input type="checkbox"/> Communication/Interaction |
| | | <input type="checkbox"/> Sensory/Physical |

Referred by: Date: