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| **FFURFLEN GAIS ADTRAC+** | **ADTRAC+ REQUEST FORM** |
| Bydd ADTRAC+ yn cefnogi pobl ifanc rhwng 14 a 18 oed â rhwystrau a heriau sy’n eu hatal rhag gwneud cynnydd yn eu bywydau, boed hynny mewn addysg neu waith. Mae hynny’n cynnwys cefnogaeth i bobl ifanc ag anawsterau iechyd meddwl ysgafn/cymedrol. Mae’r prosiect yn gweithio ledled Sir y Fflint a Wrecsam gan gynnig cymorth 1:1 wedi’i deilwra ar gyfer pob unigolyn.  **Anfonwch y ffurflen hon i:** [**adtrac@wrexham.gov.uk**](mailto:adtrac@wrexham.gov.uk) | ADTRAC+ will support young people 14 to 18 who face barriers and challenges that prevents them from progressing in their life into what could be education or employment. This includes support for mild/moderate mental health concerns. The project is delivered across Flintshire and Wrexham and offers intensive 1:1 personalised support.  **Please forward this form to:** [**adtrac@wrexham.gov.uk**](mailto:adtrac@wrexham.gov.uk) |

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| MANYLON PERSONOL / PERSONAL DETAILS | | | | | |
| MR, MRS, MISS NEU RYWBETH ARALL / **MR, MRS, MISS OR OTHER** |  | ENW LLAWN / **FULL NAME** | |  | |
| CYFEIRIAD / **ADDRESS** |  | | | | |
| COD POST / **POST CODE** |  | | DYDDIAD GENI / **DATE OF** **BIRTH** | |  |
| *RHIF FFÔN SYMUDOL UNIGOLYN IFANC /* **YOUNG PERSONS MOBILE NUMBER** |  | | *RHIF FFÔN CARTREF*  **HOME NUMBER** | |  |
| E-BOST *UNIGOLYN IFANC*  **YOUNG PERSONS EMAIL** |  | | | | |
| *RHIF YSWIRIANT GWLADOL (16+), Rhif Unigryw'r Dysgwr (14-16)*  **NI NUMBER 16+**  **ULN Number 14 to 16** |  | | YDI’R UNIGOLYN YN CAEL ADDYSG  IS THE PERSON ACCESSING EDUCATION | | YDI/YES NAC YDI/NO |

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| ***RHESWM DROS Y CYFEIRIAD (TICIWCH)/* REASON FOR REFERRAL (PLEASE TICK)** | | | |
|  | *Pryderon yn ymwneud ag Iechyd Meddwl*  **Mental Health Concerns** |  | *Sgiliau Cyfathrebu*  **Communication Skills** |
|  | *Ynysu cymdeithasol*  **Social Isolation** |  | *Anabledd neu Anhawster Dysgu*  **Learning Disability or Difficulty** |
|  | *Sgiliau a Chymwysterau*  **Skills and Qualifications** |  | *Trafnidiaeth*  **Transport** |
|  | *Hyder*  **Confidence** |  | *Profiadau dysgu negyddol yn y gorffennol*  **Previous negative learning experiences** |
|  | *Rheoli Arian*  **Money Management** |  | *Pontio i sefydliad addysg*  **Transition into education** |
|  | *Anhawster cymryd rhan mewn Addysg, Cyflogaeth a Hyfforddiant* **Difficulty engaging in EET** |  | *Sgiliau Byw*  **Life Skills** |
|  | *Rhwystrau neu heriau eraill /* **Other barriers or challenges** | | |
| Rhowch ragor o fanylion isod ynglŷn â sut mae’r rhwystrau’n effeithio ar gael addysg (*er enghraifft, gorbryder, anhawster gadael y tŷ, diffyg hyder, methu â defnyddio cludiant cyhoeddus, anawsterau cyfathrebu, diffyg trefn*)  Please provide more details here around how the barriers impact on accessing education (for example; anxiety, difficulty leaving the house, low confidence, unable to access public transport, struggles to communicate, lack of routine) | | | |

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| *PA WASANAETHAU YN YR YSGOL YDYCH CHI EISOES WEDI EU CEISIO AM GYMORTH AR GYFER Y PERSON IFANC, AC A YW’R GEFNOGAETH YN PARHAU I FOD AR WAITH? OS NAD YW, PAM?*  **WHAT SERVICES IN SCHOOL HAVE YOU ALREADY SOUGHT HELP FROM FOR THE YOUNG PERSON AND IS THIS SUPPORT STILL IN PLACE? IF NO WHY?** |
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| *PA GYMORTH A HOFFECH EI GAEL GAN Y PROSIECT?*  WHAT SUPPORT WOULD YOU LIKE FROM THE PROJECT? |
| *Er enghraifft, dysgu sut i ddefnyddio cludiant, magu hyder, sgiliau byw*  Examples could include transport training, confidence building, life skills |
| *NODWCH OS OES UNRHYW RISGIAU Y GWYDDYS AMDANYNT*  PLEASE ADVISE IF THERE ARE ANY KNOWN RISKS TO AN ADVISOR |
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| **LLOFNOD YR UNIGOLYN IFANC** | | | **SIGNED BY YOUNG PERSON** | |
| *LLOFNOD*  **SIGNATURE** |  | | *DYDDIAD*  **DATE** |  |
| **Os na fedrwch chi gael llofnod yr unigolyn ifanc ar y ffurflen atgyfeirio hon, ydych chi wedi cael caniatâd ar lafar gan yr unigolyn ifanc i gyflwyno’r ffurflen? Ydw Nac ydw**  **If you are unable to obtain the young persons signature for the referral form do you have verbal consent from the young person to submit this form? Yes No** | | | | |
| ***DATGANIAD Y PERSON SY'N CYFEIRIO*** | | | **DECLARATION BY REFERRING OFFICER** | |
| ***ENW LLAWN***  **FULL NAME** |  | | ***DYDDIAD***  **DATE** |  |
| ***LLOFNOD***  **SIGNATURE** |  | | ***FFÔN***  **PHONE** |  |
| ***E-BOST***  **EMAIL** |  | | | |
| ***CYFEIRIAD***  **ADDRESS** |  | | | |
| ***SUT MAE’R UNIGOLYN IFANC YN EICH ADNABOD***  **CAPACITY IN WHICH YOU ARE KNOWN TO YOUNG PERSON** | |  | | |
| ***YSGOL, COLEG NEU SEFYDLIAD***  **SCHOOL, COLLEGE OR ORGANISATION** | |  | | |