ICAN 003

FFURFLEN GWIRFODDOLWYR CANOLFAN GALLAF I

ICAN CENTRE VOLUNTEERING FORM

Please attach photo here

Safle / Site .....

Enw / Name .....

Cyfeiriad / Address .....

.....

Rhif Ffon / Telephone No .....

Ebost / Email .....

Pa ddiwrnodiau fedrwch chi Wirfoddoli? / On which days can you Volunteer? (nodwch os gwelwch yn dda / Please circle):

Llun / Monday Mawrth / Tuesday Mercher / Wednesday

Iau / Thursday Gwener / Friday Sadwrn / Saturday

Sul / Sunday

Oes gennych chi anabledd corfforol? Os oes rhowch fanylion isod os gwelwch yn dda

Have you a physical disability? If Yes please give details below:

Oes / Yes Nagoes / No

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Ydych chi yn y gorffennol neu ar hyn o bryd yn dioddef o salwch meddwl? Os ydych rhowch fanolion isod os gwelwch yn dda

Are you currently or have you in the past suffered from a Mental Health Illness? If yes please provide details below:

Do / Yes Naddo / No

……
……

Gan bydd eich rôl fel Gwirfoddolwr yn cynnwys treulio amser gydag oedolion bregus mae'n ofynnol i chi o dan Ddeddf Adsefydlu Troseddwyr 1974 i ddatgelu unrhyw drosedd. A oes gennych unrhyw drosedd i'w datgelu?

As your Volunteering role will include spending time with vulnerable people, you are required under the Rehabilitation of Offenders Act 1974 to declare all criminal convictions. Have you ever been convicted of a crinimal offence?

Do / Yes Naddo / No

Os ie rhowch fanylion os gwelwch yn dda / If Yes please provide details:

……
……

Canolwr / Referee 1

Enw / Name

Cyfeiriad / Address

Rhif ffon / Tel No

Ebost / email

Canolwr / Referee 2

Enw / Name

Cyfeiriad / Adddress

Rhif ffon / Tel no

Ebost / email

Asiantaeth ble rydych yn gwirfoddoli nawr / Agency where you currently Volunteer

Enw Cyswllt / Contact name

Safle / Position

Cyfeiriad / Address

Rhif Ffon / Tel no

Ebost / Email

Hoffwn wirfoddoli yng Nghanolfan GALLAF I a tystiaf bod yr holl wybodaeth ar y ffurflen hon yn gywir. Rhoddaf fy nghaniatad i chi gysylltu gyda'm Canolwyr a'r Asiantaeth ble rwyf yn Gwirfoddoli yn barod. Deallaf bydd raid i mi roi manylion er mwyn gwneud cais am Dystysgrif Ddilys DBS drwy Medraf I a'i chyflwyno i'r safle er mwyn medru Gwirfoddoli.

I would like to Volunteer at the ICAN Centre and I confirm that all details provided on this form are correct. I give my consent for my Referees and Agencies where I currently Volunteer to be contacted. I understand that I have to provide personal details to be submitted for an Enhanced DBS Certificate check through ICAN and produce the Certificate at the site to enable me to Volunteer.

Arwyddwyd Dyddiad

Danfonwch y ffurflen drwy ebost i ican@wales.nhs.uk Diolch yn fawr

Please return the from via email to ican@wales.nhs.uk Thank you very much