

# Cais Gofal Plant ar gyfer Plant sy'n Agored i Niwed

Ar ôl cwblhau'r cais hwn a chadarnhad cymhwysedd, cynigir dwy sesiwn hanner diwrnod yr wythnos i bob plentyn gyda darparwr addas.

# Childcare Application for Vulnerable Children

Upon completion of this application and eligibility being confirmed each child will be offered two half day sessions a week with a suitable provider.

Rhowch manyliony rhieni / Gofalwr mae'r plentyn yn byw gydag ar hyn o bryd:

1

Please complete the details of the parent / carer with whom the child is currently living:

Manylion Rhieni / Gofalwyr		Parent / Carers Details
	Rhiant/Gofalwr 1 • Parent/Carer 1	Rhiant/Gofalwr 2 • Parent/Carer 2
Enw Cyntaf • First Name:		
Cyfenw • Last Name:		
Rhif Cyswllt • Telephone No:		
E-bost • E-mail:		
Cyfeiriad • Address		

Os yr ydych yn gwneud cais ar gyfer plentyn/plant sydd yn y categori agored i niwed rhowch eich manylion chi isod:

2

If you are making a request for a vulnerable child/children please provide your details below:

Enw Cyntaf • First Name:	
Cyfenw • Last Name:	
Teitl swydd • Job Title:	
Rhif Cyswllt • Telephone No:	
E-bost • E-mail:	
Cyfeiriad • Address	



**Nodwch y wybodaeth am y plentyn / plant sydd angen gofal plant os gwelwch yn dda:**

**3**

**Please provide some information on regarding the child / children that you require care for:**

	Oed • Age	Enw'r plentyn • Name of Child	Gwybodaeth ychwanegol • Any Additional Information
Plentyn 1 • Child 1:			
Plentyn 2 • Child 2:			
Plentyn 3 • Child 3:			
Plentyn 4 • Child 4:			

**Os yr ydych chi'n Weithiwr Cymdeithasol yn gwneud cais ar ran plentyn / plant bregus, pa gategori agored i niwed mae'r plentyn / plant yn perthyn?**

**4**

**If you are a Social Worker making an application on behalf of a child / vulnerable children, please state under which vulnerable category does the child / children belong?**



	Plentyn 1 Child 1:	Plentyn 2 Child 2:	Plentyn 3 Child 3:	Plentyn 4 Child 4:
<b>COFRESTR AMDDIFFYN PLANT • CHILD PROTECTION REGISTER</b>				
<b>PLENTYN SYN DERBYN GOFAL • LOOKED AFTER CHILDREN</b>				
<b>CYNLLUN GOFAL &amp; CEFNOGAETH • CARE &amp; SUPPORT PLAN</b>				
<b>ANGHENION DYSGU YCHWANEGOL • ADDITIONAL LEARNING NEEDS</b>				
<b>ANABLEDD • DISABILITY:</b>				
<b>DDIM YN STATUDOL • NON-STATUTORY PREVENTATIVE</b>				

Ar gyfer plant 2 a 3 oed rydym yn gallu darparu gofal plant yn un o'r Hybiau Dechrau'n Deg a restrir isod. Fodd bynnag, os yw'r plentyn rydych chi'n gwneud cais ar ei ran o dan 2 oed, bydd angen lleoli darparwr preifat. Sylwch ar eich hoff lleoliad (tref neu ddarparwr) yn Ch10 a bydd aelod o'n tîm mewn cysylltiad i drafod.

For children aged 2 and 3 yrs old we are able to provide childcare within one of the Flying Start Hubs listed below. However, if the child you are applying on behalf of is under 2, a private provider will need to be located. Please note your preferred location (town or provider) in Q10 and a member of our team will be in touch to discuss.

**Nodwch eich dewis o ran lleoliad am ofal plant ar gyfer plentyn/plant 2-3 blwydd oed:**

**5**

**Please can you confirm the preferred location for childcare for children aged 2 and 3 year old:**



Tedi Bach, Penrhos Flying Start, Llanelli	
Trysor Bach, Betws Flying Start	
Little Wizards, Ysgol Myrddin	

**Nodwch fanylion trefniadau gofal plant arferol y plentyn / plant, gan nodi enw'r lleoliad Dechrau'n Deg / Darparwr / Ysgol:**

**6**

**Please give details of the usual childcare arrangements for the child / children, please state the name of the Flying Start Setting / Provider / School:**



	Plentyn 1 Child 1:	Plentyn 2 Child 2:	Plentyn 3 Child 3:	Plentyn 4 Child 4:
Lleoliad Dechrau'n Deg • Flying Start Setting				
Darparwr Gofal Plant Preifat • Private Childcare Provider				
Ysgol • School				
Teulu/Ffrindiau • Family/Friends				
Mamgu/Tadcu • Grandparents				
Arall (nodwch isod) • Other (please give details below)				

**Ydi'r plentyn / plant yn derbyn y 30 awr Cynnig Gofal Plant?**

**7a**

**Is the child / children in receipt of the 30hr childcare offer?**

YDYN • YES

NAC YDYN • NO

**Os yr ydyn, nodwch sawl awr gofal plant mae'r plentyn / plant yn derbyn bob wythnos a gyda pha darparwr (peidiwch a cynnwys oriau addysg mae'r plentyn / plant yn derbyn yn yr Ysgol neu gyda'r darparwr gofal plant):**

**7b**

**If yes, please state how many childcare hours the child / children receive each week and with which provider (do not include educational hours the child / children may have received at school or with your childcare provide):**

Does the child/children have additional needs?

8a

Oes gan eich plentyn/plant anghenienn ychwanegol?

YDYN • YES

NAC YDYN • NO

Os oes, pa anghenienn ychwanegol sydd gan y plentyn?

8b

If yes, what additional needs does the child have?

Nodwch y lleoliad / tref sydd orau gennych ar gyfer gofal plant:

9

Please state your preferred location / town for childcare:

Ar ôl ei gwblhau, anfonwch ymlaen at y Tîm Gofal Plant yn Dechrau'n Deg cyn gynted ag y modd:

Once completed please forward to the Flying Start Team at your earliest convenience:

[FSChildCareReg@carmarthenshire.gov.uk](mailto:FSChildCareReg@carmarthenshire.gov.uk)



Gwasanaeth Gwybodaeth i Deuluoedd  
Sir Gaerfyrddin

Family Information Service  
Carmarthenshire