



Ffurflen Gais Lleoliad Profiad Gwaith / Work Experience Placement Application Form

(Cwblhewch mewn inc du os gwelwch yn dda / Please complete in black ink)

|   |  |   |  |
|---|--|---|--|
| Adran/adrannau y gwneir cais iddi/iddynt:<br>Department(s) applying to:           |  |   |  |
| Swydd y gwneir cais am:<br>Job Role applying for:                                 |  |   |  |
| Dyddiadau'r Lleoliad Profiad Gwaith:<br>Dates Work Experience Placement Required: |  | O/From: ____/____/____ I/To: ____/____/____                     |  |
| Cyfenw:<br>Surname:   |  | Enw/au cyntaf:<br>Forenames:                                    |  |
| Dyddiad geni:<br>Date of Birth:   |  | Oed:<br>Age:  |  |
| Cyfeiriad:<br>Address:  |  |   |  |
| Côd post:<br>Postcode:  |  |   |  |
| Cyfeiriad ebost:<br>Email Address:  |  | Rhif YG:<br>(os yn berthnasol)<br>NI Number:<br>(If applicable) |  |
| Rhif Ffôn:(Adref) Tel.<br>Number: (Home)  |  | Rhif Ffôn:(Symudol)<br>Tel Number:(Mobile)                      |  |



| ADDYSG GYFFREDINOL / GENERAL EDUCATION                                       |   |  |
|--|---|--|
| Enw a Chyfeiriad Ysgol /<br>Coleg<br>Name and address of<br>School / College | Lefel a Phwnc (e.e. TGAU)<br>Level & Subject (eg. GCSE) | Gradd/Gradd a Ddisgwylir Grade /<br>Expected Grade |
|  |   |  |

| Rhag ofn y bydd angen i ni gysylltu â rhywun mewn argyfwng, rhowch fanylion isod:<br>Should we need to contact someone in case of an emergency, please provide the following details: |                                       |                   |
|---|---------------------------------------|-------------------|
| Enw:<br>Name:   |                                       |                   |
| Cyfeiriad:<br>Address:  |                                       |                   |
| Côd post:<br>Postcode:  |                                       |                   |
| Rhifau Ffôn: Telephone<br>Numbers:  | Adref/Yn ystod y Dydd<br>Home/Daytime | Symudol<br>Mobile |
|   |                                       |                   |



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Ysgrifennwch adroddiad byr ynghylch pam yr hoffech chi gael eich ystyried ar gyfer y lleoliad profiad gwaith hwn:  
Please give an account of why you wish to be considered for this work experience placement:



| <b>ANABLEDD / DISABILITY</b>   |                       |                         |
|--|-----------------------|-------------------------|
| <p>Nodwch os hoffech drafod unrhyw anghenion sydd gennych gyda'r Adran Datblygu'r Gweithlu a'r Sefydliad. (Ticiwch os gwelwch yn dda):<br/>e.e.</p> <p>Please state if you would like to discuss with the Workforce / Organisational Development Department any requirements you may have (please tick):<br/>e.g.</p> <p>Oes gennych chi unrhyw anabledd neu gyflwr iechyd sydd angen i ni fod yn ymwybodol ohono?<br/>Do you have any disability or health condition we need to be aware of?</p> <p>Ydych chi ar unrhyw feddyginiaeth?<br/>Are you on any medication?</p> <p>Oes gennych chi unrhyw alergedd ?<br/>Do you have any known allergies?</p> <p>Os bydd eich cais am leoliad profiad gwaith yn llwyddiannus, yna bydd angen i chi gwblhau holiadur meddygol cyn eich lleoliad.</p> <p>If your request for a work experience placement is successful you will be required to complete a medical questionnaire prior to your placement.</p>  | <b>Byddwn<br/>Yes</b> | <b>Na Fyddwn<br/>No</b> |
|  |                       |                         |
| <b>Deddf Adsefydlu Troseddwy'r 1974 / Rehabilitation of Offenders Act 1974<br/>(Gorchymyn Eithriadau 1975) (Exemptions Order 1975)</b>   |                       |                         |
| <p>Gan fod y swydd hon yn golygu, neu y gallai olygu, cysylltiad uniongyrchol â phobl sy'n derbyn gofal iechyd, mae wedi'i eithrio o ddarpariaethau'r Ddeddf uchod ac mae gofyn i chi roi manylion o unrhyw euogfarnau blaenorol ayb, gan gynnwys unrhyw euogfarnau wedi darfod. Os byddwch ar restr fer bydd gofyn i chi roi manylion yn y cyfweiliad. Os bydd eich cais yn llwyddiannus gallai methu â datgelu'r wybodaeth hon arwain at wrthod unrhyw geisiadau pellach.</p> <p>As this post involves or may involve direct contact with people receiving health care it is exempt from the provisions of the above Act and you are required to give details of all previous convictions etc, including any spent convictions. If successful in your application, failure to disclose this information could result in further applications being refused.</p> <p>Oes gennych chi unrhyw euogfarnau/rybuddion/gorchmynion rhwymol/erlyniadau arfaethedig?<br/>Do you have any convictions/cautions/bind over orders/prosecutions pending?</p> |                       |                         |
| <p style="text-align: center;"><b>Oes / Yes                      Na/No</b></p>   |                       |                         |



**Cadarnhaf fod yr wybodaeth ar y ffurflen hon yn gywir.  
I confirm that the information given in this application is correct.**

Llofnod ar gyfer y  
Lleoliad:  
Signature of Applicant:

Enw Cyswllt (Athro neu  
diwtor):  
Contact Name  
(Teacher / Tutor):

Dyddiad:  
Date:

**Cofiwch amgau geirda gan eich Athro/Athrawes neu Diwtor cyfredol  
*Please ensure that a reference is attached from your current Teacher or Tutor.***

**Os na roddir yr wybodaeth hon yn brydlon pan ofynnir amdani, ni fyddwn yn gallu  
trefnu'r lleoliad gyda'r adrannau  
*Unless this information is supplied promptly at the time of request, we may not be  
able to arrange the placement with the departments.***

**Efallai y gwnaiff pennaeth yr adran gysylltu â chi i drefnu cyfweiliad anffurfiol /  
ymweliad.  
*You may be contacted by the Manager of the department to arrange for you to  
have informal interview / visit.***

*Rhaid dychwelyd y ffurflen i  
return to:*

Nurse Education Team  
Old Creche Building  
Ysbyty Glan Clwyd  
Bodelwyddan  
LL18 5UJ

or scan and/or e-mail to: [BCU.WorkExperience@Wales.nhs.uk](mailto:BCU.WorkExperience@Wales.nhs.uk)