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| **Nawdd i gyflawni Tystysgrif Addysg Uwch mewn Ymarfer Gofal Cymdeithasol – Ffurflen Gais**  **Sponsorship for Certificate of HE in Social Care Practice - Application Form** |

Llenwch y ffurflen hon yn eich dewis iaith.

Please complete this form in the language of your choice.

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| Enw’r Cyfranogwr / Participant Name: |  | Rhif Staff / Employee Number: |  |
| Teitl Swydd /  Job Title: |  | Lleoliad Gwaith / Work Location: |  |
| Gwasanaeth/Tîm / Service/Team: |  |  |  |
| Llawn-amser/rhan-amser/ Full Time/Part Time\* |  | \*Os rhan-amser, nodwch y diwrnodau gwaith:  \*If part time, please state working days: |  |
| Beth yw’r cymhwyster uchaf sydd gennych ar hyn o bryd mewn unrhyw bwnc?  What is the highest level qualification that you currently hold in any subject? | | | |
| Cymhwyster  Qualification | Lefel (HNC, Lefel A)  Level (HNC, A Level) | Gradd  Grade | Dyddiad Derbyn  Date Obtained |
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| A oes gennych chi unrhyw gymwysterau ym maes Iechyd a Gofal Cymdeithasol?  Do you hold any qualifications in Health & Social Care?  Oes/Yes: ☐  Nac Oes/No: ☐  Os Oes, Rhowch fanylion / If Yes, Please give details: | | | |
| A ydych chi’n astudio ar hyn o bryd neu’n bwriadu dechrau unrhyw gyrsiau eraill dros y ddwy flynedd nesaf? (ac eithrio cyrsiau byr e.e. cyrsiau undydd) /  Are you currently studying or planning to start any other courses in the next 2 years? (excluding short courses e.g. one day)  Ydw/Yes: ☐  Nac Ydw/ No: ☐  Os Ydw, Rhowch fanylion / If Yes, Please give details: | | | |

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| A ydych chi wedi cwblhau unrhyw gyrsiau a ariannwyd gan Gyngor Sir Ceredigion dros y ddwy flynedd ddiwethaf? /  Have you completed any courses funded by Ceredigion County Council in the last 2 years?  Ydw / Yes: ☐  Nac Ydw / No: ☐  Os Ydw, rhowch fanylion y cwrs / If Yes, please give course details: | | | |
| Rhestrwch yr holl gymwysterau sydd gennych yn y meysydd canlynol: /  Please list all qualifications you hold in the following areas:  (Bydd angen i chi ddarparu tystysgrifau / You will need to provide copies of certificates) | | | |
|  | Math o gymhwyster (TAU, Lefel O, TGAU, Sgiliau Allweddol ac ati) /  Qualification type  (CSE, O’ Level, GCSE, Key Skills etc.) | Gradd/Grade | Blwyddyn Derbyn /  Year Attained |
| Mathemateg/Maths |  |  |  |
| Saesneg/English |  |  |  |
| Cymraeg/Welsh |  |  |  |

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| Nodwch paham eich bod yn dymuno cyflawni’r cymhwyster hwn. Sut fyddech chi a’ch maes gwasanaeth yn elwa? / Please outline why you wish to undertake this qualification and how you and your service area will benefit? |
| Rhowch fanylion y profiad gwaith yr ydych wedi’i gael o fewn y maes gofal cymdeithasol (am dâl neu’n wirfoddol) Please describe the work experience you have gained within a social care setting (paid or voluntary) |
| Nodwch ym mha iaith yr hoffech wneud y cwrs hwn /  Please state your preferred language to undertake this course  Cymraeg / Welsh ☐  Saesneg / English☐ |
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| **Cytundeb Dysgwr** | **Learner Agreement** |
| Rwy’n deall ac yn cadarnhau’r canlynol:  1) Bydd gofyn imi weithio yn fy amser fy hun er mwyn ennill y cymhwyster hwn  2) Byddaf yn mynd i bob cyfarfod/gweithdy/hyfforddiant/ tiwtorial ar-lein sy’n ofynnol i ennill y cymhwyster hwn  3) Byddaf yn hysbysu fy Rheolwr Llinell, y Tîm Dysgu a Datblygu a/neu fy nhiwtor (lle bo hynny’n briodol) o unrhyw broblemau/newid mewn amgylchiadau a allai effeithio ar fy nghynnydd o ran y cymhwyster  4) Byddaf yn aros gyda Chyngor Sir Ceredigion am 12 mis ar ôl ennill y cymhwyster. Os byddaf yn rhoi’r gorau i weithio i Gyngor Sir Ceredigion gall fod gofyn imi dalu’n ôl unrhyw arian a dderbyniais. Cyngor Sir Ceredigion fydd yn penderfynu ar y swm i’w dalu’n ôl, a bydd yn ystyried pob achos yn ôl ei rinweddau  5) Os byddaf yn methu â chwblhau’r Cymhwyster neu’n tynnu’n ôl heb reswm da, bydd gofyn imi ad-dalu holl gostau’r cwrs. Caiff yr arian ei dynnu o fy nghyflog dros gyfnod nad yw’n hwy na 12 mis.  6) Os byddaf yn methu â gwneud cynnydd digonol rwy’n deall y gellir fy nhynnu oddi ar y cwrs. Bydd unrhyw benderfyniad yn hynny o beth yn seiliedig ar farn darparwr y cwrs. Rwy’n deall mai Cyngor Sir Ceredigion fydd yn penderfynu a fydd gofyn imi dalu ffioedd y cwrs yn ôl.  7) Rwy’n cadarnhau nad oes unrhyw broblemau o ran disgyblaeth, perfformiad neu allu ar hyn o bryd. | I understand and confirm the following:  1) I will be required to undertake work in my own time in order to complete this award  2) I will attend all meetings/workshops/training/online tutorials required to complete this Award  3) I will inform my Line Manager, L&D Team and/or my tutor (where appropriate) of any problems/changes in circumstances that may affect my progress with the award  4) I will remain with the Authority for a period of 12 months following the achievement of the award. Should I terminate my employment with Ceredigion County Council I may be required to repay any assistance I have received. Decisions concerning the amount to be repaid will be at the discretion of Ceredigion County Council and individual circumstances will be taken into account.  5) Should I fail to complete the Award or withdraw without adequate reason, I will be required to repay the course fees in full. These monies will be deducted at source over a period of time not exceeding 12 months.  6) Should I fail to make adequate progress I understand I may be withdrawn from the course. Any decision will be based upon course provider feedback. I understand that it will be at the discretion of Ceredigion County Council as to whether or not I will be required to repay the course fees.  7) I confirm that there are no current disciplinary, performance or capability issues. |

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| Llofnod y Cyfranogwr:  Participant’s Signature: |  | Dyddiad:  Date: |  |
| **Sylwadau’r Rheolwr Llinell Line Manager Comments:**  Rhowch sylwadau am y canlynol: Please comment on following:  1. Eich cefnogaeth i gais eich gweithiwr am nawdd / Your support of the employee’s application for sponsorship  2. Sut mae’r ymgeisydd wedi dangos bod ganddo/ganddi ddiddordeb mewn gwaith cymdeithasol? / How has the applicant’s interest in social work been demonstrated? |  | | |
| **Enw’r Rheolwr Llinell (printiwch):**  **Line Manager Name (please print):** |  | | |
| **Llofnod y Rheolwr Llinell:**  **Line Manager Signature**: |  | Dyddiad:  Date: |  |

Dychwelwch y ffurflen wedi’i llenwi i [dysgu@ceredigion.gov.uk](mailto:dysgu@ceredigion.gov.uk) erbyn **dydd Mercher 26 Mehefin 2019.**

Please return completed application forms to: [dysgu@ceredigion.gov.uk](mailto:dysgu@ceredigion.gov.uk) **by Wednesday 26th June 2019.**