**Profforma I’w gwblhau gan unrhyw berson / Asiantaeth sydd angen cyfeirio achos I’r Grŵp AYP Rhanbarthol er mwyn ei ystyried fel Adolygiad Ymarfer Plant**

***Proforma to be completed by any person/agency wishing to refer a case to the RCPR Group to be considered as a Child Practice Review***

|  |  |
| --- | --- |
| **Enw’r Person a’r Asiantaeth sydd yn dod a’r achos hwn I sylw ‘r Grŵp AYP Rhanbarthol.*****Name of person and organisation bringing the case to the attention of the Regional CPR Group*** | **Dyddiad *Date*** |
|  |  |

**MANYLION Y PLENTYN / *CHILD DETAILS***

|  |  |  |
| --- | --- | --- |
| **ENW’R PLENTYN / PLANT** ***NAME OF CHILD/CHILDREN*** | **DG*****DOB*** | **CYFEIRIAD*****ADDRESS*** |
|  |  |  |

**RHIANT / GOFLAWR / RHYWUN ARALL ARWYDDOCAOL**

***PARENT/CARER / SIGNIFICANT OTHER***

|  |  |  |
| --- | --- | --- |
| **Enw*****Name*** | **Dyddiad Geni*****DOB( if known)*** | **Enw (au) gweithwyr proffesiynol yn ymwneud a’r teulu*****Name/s of professionals involved with family*** |
|   |  |  |

**OEDD Y PLENTYN AR Y GOFRESTR AMDDIFFYN PLANT** OEDD NAC OEDD

***WAS THE CHILD ON THE CHILD PROTECTION REGISTER?***  *YES NO*

**MANYLION AMDDIFFYN PLANT (COPIWCH Y BOCS AR GYFER MWY O BLANT, OS YN WAHANOL)**

***CHILD PROTECTION DETAILS (COPY BOX FOR FURTHER CHILDREN, IF DIFFERENT)***

|  |  |
| --- | --- |
| Dyddiad(au) ar y gofrestr Amddiffyn plant (O – I)*Date(s) on child protection register (from – to)* |  |
| Categori Cofrestriad*Category of registration* |  |
| Risgiau adnabyddwyr yn y gynhadledd cychwynnol*Risks identified at initial conference* |  |

|  |
| --- |
| **Fyddwch gystal a darparu briff rhesymegol am ddod a’r achos hwn I sylw’r Grŵp AYP Rhanbarthol ac eich rhesymau pam y credwch fod yr achos hwn yn cyrraedd y criteria I ymgymryd ag Adolygiad Ymarfer Plant (am y criteria gwelwch Canllawiau ar Drefniadau ar gyfer Adolygiadau****Ymarfer Plant Amlasiantaethol, LlC 2013, Adran 5.1 a 6.1)*****Please provide a brief rational for bringing this case to the attention of the RCPR Group and your reasons why you think the case may meet the criteria to undertake a Child Practice Review. ( For criteria see Guidance for Arrangements for Multi-Agency Child Practice Reviews WG 2013 Section 5.1 and 6.1 )*** |
|  |

|  |
| --- |
| **Genogram** |
|  |

|  |  |
| --- | --- |
| **Dyddiad Grŵp Adolygiad Ymarfer Plant a Phenderfyniad*****Date of Child Practice Review Sub Group and decision*** | **Argymhelliad I Gadeirydd y BLlDP I gomisiynnu un o’r canlynol : Ticiwch UN*****Recommend LSCB Chair to commission one of the following: Tick ONE*** |
|   | 1. Dim Adolygiad / *No Review* □
2. Fforwm Brofessiynnol Aml-Asiantaethol

*Multi Agency Professional Forum* □1. Adolygiad Cryno / *Concise review* □
2. Adolygiad Estynedig / *Extended review* □
3. Proses Adolygu Arall / *Alternative Review Process* □
 |

|  |  |
| --- | --- |
| **Arwyddwyd Cadeirydd Grŵp Adolygiad Ymarfer Plant*****Signature Child Practice Review Group Chair*** | **Dyddiad / *Date*** |
|  |  |