|  |  |
| --- | --- |
| **Betsi Cadwaladr_check with Kate before using** | |
| **Canolfan Iechyd Quay Health Centre,**  **Ffordd Fron Road,**  **Cei Connah/Connah’s Quay CH5 4PJ**  **Dydd Gwener / Friday**  **10:00 -12:30**  Cynhelir y cwrs am chwech wythnos yn olynol  The programme will run for six consecutive weeks -  **23/04/20, 30/04/20, 07/05/20,**  **14/05/20, 21/05/20, 28/05/20.** | **map** |

**✂…..…………………………………………………………………………………………………………..……..**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFURFLEN YMATEB** | | | | ***REPLY SLIP*** | | |
| Hoffwn neilltuo lle ar y cwrs EPP Cymru a gynhelir yn: | | **CEI CONNAH/CONNAH’S QUAY**  **CTS 4924** ❑ | | | *I would like to reserve a place on the EPP Cymru course that is held at* | |
| **Enw:** |  | | | | | ***Name:*** |
| **Rhif Ffôn:** |  | | | | | ***Telephone No:*** |
| **Cyfeiriad:** |  | | | | | ***Address:*** |
| **Côd Post:** |  | | | | | ***Post Code:*** |
| **Ffôn Symudol:** |  | | | | | ***Mobile Phone:*** |
| **Cyfeiriad E-bost:** |  | | | | | ***E-mail address:*** |
| **Natur y Cyflwr:** |  | | | | | ***Nature of Condition:*** |
| **A ydych yn defnyddio cadair olwyn?** | Ydw/*Yes* ❑ Nac-ydw/*No* ❑ | | | | | ***Do you use a wheelchair?*** |
| **Enw a rhif ffôn mewn argyfwng:** |  | | | | | ***Name and tel No. in case of emergency:*** |
| **Meddygfa:** |  | | | | | ***GP Practice:*** |
| ***Dychwelwch y ffurflen hon erbyn 27/03/20 at sylw:-***  Cydlynydd EPP Cymru,  Bwrdd Iechyd Prifysgol Betsi Cadwaladr,  Ffordd Campbell, Caernarfon, Gwynedd  LL55 1HU  🕿 03000 852280 Fax/Ffacs: 03000 852281  **Parhewch dros y dudalen** | | | ***Please return this form by 27/03/20 for the attention of:-*** EPP Cymru Coordinartor,  Betsi Cadwaladr University Health Board,  Campbell Road, Caernarfon. Gwynedd  LL55 1HU 🕿 03000 852280 Fax/Ffacs: 03000 852281  ***Continue over the page*** | | | |

|  |  |
| --- | --- |
| **Rhaglen hunan rheoli Canser:** Ffynnu a Goroesi  **Ymdopi â bywyd ar ôl canser**  Cynhelir y sesiynau am ddim gan ddau arweinydd wedi’u hyfforddi. Bydd un, neu’r ddau ohonynt yn gyfoedion sydd wedi goroesi canser eu hunain neu a effeithiwyd gan rywun sy’n byw gyda’r cyflwr. | **Cancer:** Thriving and Surviving  Self management programme. Dealing with life after cancer  The free sessions are facilitated by two trained leaders, one or both of whom are peers who are cancer survivors themselves or who are affected by someone who lives with the condition. |
| **Beth mae’r cwrs yn ei gynnwys?** Chwe sesiwn wythnosol, bob un am ddwy awr a hanner (gan gynnwys lluniaeth ac egwyl). Maent yn amrywiol iawn. Bydd sgyrsiau byr, trafodaethau a sesiynau meddwl rhydd. | ***What does the course involve?*** *Six weekly sessions, each lasting two and a half hours (including breaks and refreshments). They are very varied. There are brief talks, discussions and freethinking sessions.* |
| Nod y rhaglen yw cefnogi a grymuso’r rhai a effeithiwyd gan ganser i adeiladu hyder mewn hunanreolaeth a chynnal bywyd llawn a gweithgar. | The aim of this programme is to support & empower those affected by cancer, to build confidence in self management and maintain active & fulfilled lives. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Amdanoch chi /About You** | | | | | | | | | | | | |  | |
| **Cenedl**  (ticiwch **✓)** | **Gwryw / Male** | | | | **Benyw / Female** | | | | **Arall / Other** | | | | **Gender**  (please tick **✓)** | |
| **Oed**  (ticiwch **✓)** | **18-24** | **25-34** | **35-44** | | | **45-54** | | **55-64** | | **65-74** | | **75+** | | **Age**  (please tick **✓)** | |
| **Ethnigrwydd** (ticiwch **✓)** | **Gwyn**  **White** | **Du**  **Black** | | **Asian**  **Asian** | | | **Tseiniaidd**  **Chinese** | | **CymysgMixed** | | **Arall**  **Other** | | | **Ethnicity**  (please tick **✓**) | |
| **Iaith Gyntaf** (ticiwch **✓)** | **Saesneg/English** | | | | **Cymraeg/Welsh** | | | | **Arall/Other** | | | | **First Language** (please tick **✓)** | |
| **Iaith a ffefrir** (ticiwch **✓)** | **Saesneg/English** | | | | **Cymraeg/Welsh** | | | | **Arall/Other** | | | | **Preferred language**  (please tick **✓)** | |
| **Nodwch eich prif gyflwr/ cyflyrau iechyd** |  | | | | | | | | | | | | | **Please state main health condition (s)** | |
| **Ydych chi’n ofalwr? YDW / NAC YDW**  **Are you a Carer? YES / NO** | | | | | | | | | | | | |
| **Lle glywsoch chi am EPP Cymru?** |  | | | | | | | | | | | | | **Where did you hear about EPP Cymru?** | |
| **A oes gennych anghenion /**  **gofynion arbennig?** |  | | | | | | | | | | | | | ***Do you have any special needs / requirements?*** | |