

Trwydded Yrru Wedi ei Wrthod

Cais am Gerdyn Teithio ar Fws

Refused Driving Licence

Concessionary Bus Pass

Gwybodaeth Ychwanegol Additional Information

Y mae gennych 3 optiwn i ddatgan gwybodaeth gogyfer a rhoi cais ymlaen i'r Adain Cludiant Cyhoeddus Cyngor Gwynedd ar ran canllawiau Llywodraeth y Cynulliad i brofi eich bod yn ddilys i dderbyn cerdyn teithio ar fws

Optiwn1: Gallwch fynd a gwneud cais trwy eich Tim Iechyd Meddwl Lleol a chwblhau Adain B o'r ffurflen hon

Optiwn 2: Gallwch wneud cais drwy y canlynol a chwblhau Adain C o'r ffurflen hon

- Eich Meddyg Teuluol (Gallai godi tal am lythyr ganddo/i nad ellir ei ad dalu)
- Eich Seiciatrydd
- NSC (Nyrs Seiciatryddol Cymunedol)
- NCIM (Nyrs Cofrestredig Iechyd Meddwl)

Optiwn 3: Os yr ydych wedi gwrthod trwydded yrru gan yr ATGM, ac wedi derbyn llythyr ffurfiol yn cadarnhau hynny, a gyrru copi o'r llythyr yma i Adain Cludiant Cyhoeddus Cyngor Gwynedd, ac felly ni fydd rhaid cwblhau Adain B nac C

You have 3 options for providing information before presenting an application to the Public Transport Section of Gwynedd Council on behalf of the Welsh Assembly Government and its regulations, to access your eligibility for a bus pass.

Option 1: You can ask your Mental Health Care co-ordinator to complete Section B of this form

Option 2: You can ask one of the following to complete Section C of this form;

- General Practitioner (Your GP may charge for this and it is non-refundable)
- Consultant Psychiatrist
- CPN (Community Psychiatric Nurse)
- RMN (Registered Mental Nurse)

Option 3: If you have been refused a driving licence by the DVLA, and have had a recent letter confirming this, you can send the letter to the Public Transport Section Gwynedd Council, and therefore do not need to get Sections B or C completed

Adain A - Mae'n rhaid cwblhau y darn yma gan pob ymgeisydd
Section A – To be completed by all applicants

Manylion Personol / Personal details

Enw / Name:

Dyddiad Geni / Date of birth

Cyfeiriad / Address:

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Côd Post Code.....

Rhif Ffôn / Tel Number.....

Datganiad / Declaration

Yr wyf yn cadarnhau hyd y credaf, fod y holl wybodaeth a ddatgelir ar y ffurflen yma yn wir. Deallaf os y darganfyddir fod unrhyw elfen o'r gwybodaeth a ddatgelir yn anwir, fe allaf cael fy'ng ngorfodi i dalu unrhyw gost a godir o fy'ng nghais am gerdyn bws i deithio am ddim.

Deallaf fod y gwybodaeth a ddatgelir ddim ond yn cael ei ddefnyddio am asesiad dilysrwydd fy'ng nghais i dderbyn cerdyn teithio bws am ddim.

I confirm to the best of my belief, all the statements made on this form are true. I understand that if any details are found to be false, I may have to pay any costs arising from my application for a free bus pass.

I understand that this information will be used only for the purpose of assessing my eligibility for a free bus pass

Arwyddwyd / Signed **Dyddiedig / Date**

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Adain B – I’w gwblhau gan y Cydlynnydd Iechyd Meddwl yn Unig
Section B – To be completed by the Mental Health Coordinator Only

Dylir ystyried y canlynol cyn cychwyn gwneud cais am pas bws ar sail iechyd meddwl
The following should be considered before making an application for a bus pass on the grounds of mental health

Mae’r rheolau yn datgan y canlynol os y gwneir cais o dan sail canllaw iechyd meddwl

Person ble mae ei gais am drwydded yrrw cerbyd dan Ran III Deddf Taffig y Ffyrdd 1988, wedi ei wrthod yn unol ag Adran 92 y Ddeddf (ffitrwydd corfforol) am reswm ac eithrio camddefnyddio cyffuriau ac alcohol yn barhaus. – sydd dim yn cael eu ymdrin o dan ddefiniad “person anabl” o dan y Deddf ac nad dynt a’r hawl o dan y lleiafrif stadudol

The regulation states as follows if a person is making an application under the mental health criteria

Would he or she applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, have his or her application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs and or alcohol – who are not covered by the definition of “disabled persons” under the Act and are NOT entitled to the statutory minimum

Y mae’r person yma yn gwneud cais oherwydd y buasai yn cael ei wrthod treydded yrru ar sail y byddai gyda iechyd meddwl hirdymor a pharhaol.

Mae’n rhaid i’r Cystylllydd Iechyd Meddwl ateb y cwestiynau canlynol

This person is making an application because they would be refused a driving licence on the grounds that they have a severe mental illness.

The following questions must be answered by the applicant’s Mental Health Care Coordinator

A oes gan yr ymgeisydd salwch iechyd meddwl llym a pharhaol ?
Does the applicant have a severe and enduring mental illness ?

OES / YES NAC OES / NO

Pa agweddau o ddiagnosis y client a allai fod achosi y person cael ei wrthod trwydded yrru?
What aspects of the client diagnosis would cause the person to be refused a driving licence?

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Am ba hyd mae'r ymgeisydd wedi cael y problemau cyfredol?
How long has the applicant had the current problems?

Sut mae'r problem(au) yn effeithio yr ymgeisydd ar sail dyddiol?
How do(es) this / these problems affect the applicant on daily basis?

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A yw'r ymgeisydd yn derbyn Budd dal Anabledd? ee Lwfans Anabledd Byw (dylir datgelu gan brofi drwy yrru copi fel tystioleth – lleiafbwynt yw Cyfradd Uwch elfen Symudoledd fel dilysrwydd i dderbyn cerdyn bws i deithio am ddim))
Does the applicant receive Disability Benefits eg Disability Living Allowance (please state and provide copies as evidence – minimum level to receive a free bus pass is the Higher Rate Mobility Component of the Disability Living Allowance)

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A yw eich cleiant yn meddu ar un neu fwy o'r canlynol?
Does your client have one or more of the following?

(a) pryder neu iselder / uncomplicated anxiety and depression Ydyw / Yes Nac Ydyw / No

(b) pryder neu iselder sydd yn cael ei gymlethu gan broblemau arwyddocaol canolbwyntio meddyliol, cynnwrf, meddyliau am hunan ladd neu a ymddygiad cyffroadol
Anxiety or depression that is complicated by significant memory or concentration problems, agitation behavioural disturbance or suicidal thoughts Ydyw / Yes Nac Ydyw / No

(c) Anhwylder seicotig difrifol neu llym o unrhyw fath neu achos
Acute psychotic episodes of any type or cause Ydyw / Yes Nac Ydyw / No

(ch/d) Hypomania / Mania Ydyw / Yes Nac Ydyw / No

(d) Schizoffrenia hirfaith ac unrhyw seicosis hirfaith arall
(e) Chronic schizophrenia and other chronic psychoses Ydyw / Yes Nac Ydyw / No

(dd) Dementia neu unrhyw syndrom yr ymenydd
(f) Dementia or any organic brain syndrome Ydyw / Yes Nac Ydyw / No

(e) Datblygiad llym neu difrifol, anhwylder personoliaeth neu ymddygiadol a wnaiff yr ymgeisydd yn darddiad peryglus i'r cyhoedd os y byddent a allu i yrru Ydyw / Yes Nac Ydyw / No

(g) Severe developmental, behavioural or personality disorder that would make the applicant a source of danger to the public if they were ever to drive

Datganiad / Declaration

Yr wyf yn cadarnhau fod y gwybodaeth a roddwyd ar ran yr ymgeisydd yn gywir a fod yr ymgeisydd yn adnabyddedig i mi ac yn derbyn cymorth mewn perthynas a'i iechyd meddwl, fel a ddisgrifir yn y ddogfen hon

I confirm that the information provided in respect of the applicant is correct and that the applicant is known to me and receiving support in respect of their mental health, as described in this document

Enw / Name

Llofnod y Swyddog Awdurdodedig
Signature of Approved Officer

Teitl y Swydd / Job Title

Dyddiad / Date

Asiantiaeth Ymgynghorol / Advisory Agency Name

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Rhif Ffôn / Tel No

**Bathnod Gwasanaethau Tim Iechyd Meddwl
Official Stamp of Mental Health Services Team**

