**DATGANIAD AR IECHYD/HEALTH DECLARATION**

**Ysgrifenwch mewn INC DU neu deipiwch. Gellir llenwi’r ffurflen yn Gymraeg neu Saesneg.**

**Please complete in BLACK INK or type. You may complete this form in English or Welsh**

|  |  |
| --- | --- |
| **Cyfenw/Surname** |  |
| **Enwau Cyntaf/First Names** |  |
| **A wyddoch am unrhyw gyflwr meddygol y buoch yn dioddef ohono yn y gorffenol neu yr ydych yn dioddef ohono ar hyn o bryd a allai amharu ar eich gallu I gyflawni dyletswyddau’r swydd?****Do you know of any medical condition from which you have suffered or are suffering which may inhibit the performance of the duties of this post?** | **Gwn☐ Na Wn☐****Os gwyddwch, rhowch fanylion pellach yn gryno:** |
| **Yes☐ No☐****If yes, please give brief details:** |
| **A ydych wedi dioddef neu a ydych yn dioddef o unrhyw salwch difrifol neu gronig ar hyn o bryd? Os ydych rhowch y manylion canlynol:****Have you suffered or are you suffering from any serious illness or chronic disease?****If so please give details as follows:** | **Ydw☐ Nac Ydw☐** |
| **Yes ☐ No ☐** |
| 1. **Pa gyflwr/What condition**
 |  |
| 1. **Dyddiad(au)/Date(s)**
 |  |
| 1. **Cyfnod(au) o absenoldeba o’r gwaith (os bu rhai)**

**Period(s) of absence (if any) from work** |  |
| 1. **Enw a chyfeirad y meddyg a fu’n eich trin**

**Name and address of doctor by whom you were treated** |  |
| 1. **A fu’n rhaid I chi gael barn arbenigwr ar y salwch neu a fu’n rhaid I chi fynd I’r ysbysty I gael archwiliad a thriniaeth?**

**Where you required to obtain a specialist opinion, or attend hospital for investigation and treatment?** | **Do☐ Naddo☐** |
| **Yes☐ No☐** |
| **DATGANIAD / DECLARATION** |
| **Rwyn’n datgan fod y gosodiadau uchod yn wir ac y bydd eu cywirdeb yn amod ar gyfer unrhyw gytundeb o gyflogaeth a gynigir I mi gan y Brifysgol.****I declare that the foregoing statements are true and that the accuracy thereof shall be a condition of any contract of employment offered to me by the University.****Llofnod/Signature…………………………………….. Dyddiad/Date ……………………………** |