



## HYFFORDDIANT - FFURFLEN GAIS

(CYRFF ALLANOL A STAFF Y CYNGOR AC EITHRIO STAFF  
GWASANAETHAU CYMDEITHASOL A THAI SIR DDINBYCH)

**A – YR UNIGOLYN:** Os gwelwch yn dda, dodwch y person canlynol ar y cwrs/cyrsiau a nodir:

TEITL: (Mr, Mrs, Miss, Ms):	ENW CYNTAF:
CYFENW:	RHIF CYSWLLT:
E-BOST:	
TEITL Y SWYDD:	
UNRHYW OFYNION ARBENNIG:	
LLOFNOD:	

### B – Y GYFUNDREFN:

ENW'R CWMNI:	
CYFEIRIAD:	
COD POST:	RHIF CYSWLLT:
RHIF FFACS:	E-BOST:

### C - Y CWRS:

TEITL Y CWRS:	
HYD Y CWRS:	LLEOLIAD:
DYDDIAD(AU):	

### CH - AWDURDOD

<b>Codir tâl o £50.00 os bydd y sawl sydd wedi trefnu mynd ar gwrs yn methu â mynychu, neu os na fyddant yn canslo o fewn 5 diwrnod gwaith i ddyddiad cychwyn y cwrs. Derbynnir enwau cynrychiolwyr addas eraill. Os bydd unrhyw un yn mynychu'r hyfforddiant heb drefnu ymlaen llaw neu dderbyn cadarnhad bod y lle ar gael, codir tâl o £50.00.</b>	
LLOFNOD (RHEOLWR):	DYDDIAD:
PRINTIWCH YR ENW (RHEOLWR):	
CYFEIRIAD ANFONEB (os yn wahanol i adran B):	

Dychweler at/ Please return to:  
Tîm Datblygu'r Gweithlu/ Professional Development Team, Tŷ Nant, Ffordd Llys Nant,  
Prestatyn, LL19 9LG. Fax: 01824 706660



## TRAINING APPLICATION FORM

(EXTERNAL ORGANISATIONS & COUNCIL STAFF OTHER  
THAN DENBIGHSHIRE SOCIAL SERVICES & HOUSING STAFF)

**A -THE INDIVIDUAL:** Please book the following individual onto the course(s):

TITLE: (Mr, Mrs, Miss, Ms):	FORENAME:
SURNAME:	CONTACT NO:
E-MAIL:	
JOB TITLE:	
ANY SPECIAL REQUIREMENTS:	
SIGNED:	

### B - THE ORGANISATION:

COMPANY NAME:	
ADDRESS:	
POST CODE:	CONTACT NO:
FAX NO:	E-MAIL:

### C - THE COURSE:

COURSE TITLE:	
DURATION:	LOCATION:
DATE(S):	

### D – AUTHORISATION:

**A £50.00 charge will be made for non-attendance of those who have booked places on a course and fail to attend, or if cancellation is not received within 5 working days of the course commencement date. Suitable replacement names will be accepted. If anyone attends the training without pre-booking a place or having received confirmation of a place, a charge of £50.00 will be made.**

SIGNED (MANAGER):

DATED:

PRINT NAME (MANAGER):

INVOICE ADDRESS (if different from section B):

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