



Gwasanaeth Ieuencid

Ceredigion

Youth Service

£10

Young People
Aged 11-14!

Overnight Beach Camp!

@Starmans, Freshwater West, Pembrokeshire

Wednesday 3rd August & Thursday 4th August

Summary of activities:

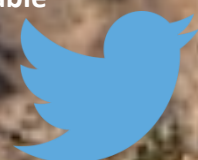
Camping Skills Erecting Tents Beach Sports Beach Activities BBQ Cooking
on Open Fire Stargazing Beach Clean Nature walk and much more!



Interested?

Contact your youth worker, call Lowri or Gethin on 01545572352 or send us a message on Facebook or Twitter for further information or to secure your place! *Limited spaces available

@GICeredigionYS





Gwasanaeth Ieuenctid

Ceredigion

Youth Service

£10

DDIM!!

Pobl ifanc
11-14 oed!

Gwersyll Traeth Dros Nos!

@Starmans, Freshwater West, Sir Benfro

Dydd Mercher 3 Awst & Dydd Iau 4 Awst

Crynodeb o'r Gweithgareddau:

Sgiliau Gwersylla Codi Pebyll Chwaraeon Traeth Gweithgareddau Traeth BBQ Coginio ar Dân Agored Gwyllo'r Sêr Glanhau Traeth Taith Cerdded Natur a llawer llawer mwy



Diddordeb?

Cysylltwch â'ch gweithiwr ieuenctid, ffoniwch Lowri neu Gethin ar 01545572352 neu anfonwch neges ar Facebook neu Trydar am ragor o wybodaeth neu i archebu lle! *Nifer cyfyng o leoedd ar gael

@GICeredigionYS



Overnight Camp Craft 3rd and 4th August 2016.



If you are interested in participating in this exciting programme, please complete the details below along with the attached consent form and return to:

Ceredigion Youth Service, Professional Education Centre, Theatr Felinfach Campus, Felinfach, Dyffryn Aeron, Lampeter, Ceredigion, SA48 8AF. Alternatively, you can return your completed form to your youth worker. You can contact Gethin on 01545572 for more information.

Please note, the questions below are to help us gain an insight into your interests, levels of experience and how best we can support you . The answers you share will be confidential and stored securely. After we hear from you, we will send you further information and contact you by telephone closer to the date.

| | |
|--|--|
| Are you between 11-14years old and will be during the programme? | |
| Do you have an idea of what career you would like to pursue? | |
| Do you work well with others? | |
| Have you taken part in Youth Service activities before (if so, please state what)? | |

What are your main interests?

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.....

Do you have any fears?

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.....

Why do you want to take part in this project?

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.....

What do you think you could bring to this project and what do you hope to take away from the experience?

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Crefft Gwersylla Dros Nos 3ydd a 4ydd Awst 2016.



Os oes gennych ddiddordeb mewn cymryd rhan yn y rhaglen cyffrous yma, cwblhewch y manylion isod ynghyd â'r ffurflen caniatâd sydd wedi' gynnwys a'i ddychwelyd at:

Gwasanaeth Ieuenctid Ceredigion, Canolfan Addysg Broffesiynol, Campws Theatr Felinfach, Felinfach, Dyffryn Aeron, Llanbedr Pont Steffan, Ceredigion, SA48 8AF. Fel arall, medrwcwch dychwelyd eich ffurflen wedi'u gwblhau at eich gweithiwr ieuenctid. Am rhagor o wybodaeth cysylltwch a Gethin ar 01545572352 .

Nodwch os gwelwch yn dda, pwrpas y cwestiynau isod yw er mwyn ein helpu i gael cipolwg ar eich diddordebau, profiadau a sut orau y gallwn ni eich cefnogi. Bydd yr atebion yr ydych yn rhannu yn gyfrinachol ac yn cael eu storio'n ddiogel. Ar ôl i ni glywed gennych, byddwn yn anfon gwybodaeth bellach i chi ac yn cysylltu â chi dros y ffôn yn nes at y dyddiad.

| | |
|--|--|
| A fyddwch rhwng 11-14 oed yn ystod dyddiadau'r rhaglen | |
| A oes gennych syniad o'r math o yrfa yr hoffech ei ddilyn? | |
| A ydych yn gweithio'n dda gydag eraill? | |
| A ydych wedi cymryd rhan mewn gweithgareddau'r Gwasanaeth Ieuenctid o'r blaen (os ydych, nodwch beth)? | |

Beth yw eich prif ddiddordebau?

.....

.....

A oes gennych unrhyw bryderon?

.....

.....

Pam ydych chi eisiau cymryd rhan yn y prosiect hwn?

.....

.....

Sut ydych yn meddwl y medrwcwch gyfrannu at y prosiect a sut y gallwch elwa o'r profiad?

.....

.....

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Overnight Camp Craft 3rd and 4th August 16

At Starmans Freshwater West, Pembrokeshire

Consent and medical form

| | | |
|---|---------|----------|
| Young person's address & details | Address | |
| Name: | | |
| Date of birth: | | |
| Tel: | | postcode |
| Home contact: | | |

| | | |
|---|---------|----------|
| Alternative contact during this visit in case of emergency | Address | |
| Name: | | |
| Tel: | | postcode |

Please give details of any medical conditions or regular medication that we need to know about

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Darllenwch a llofnodwch y ddau ddatganiad hwn

1. Oedolyn sydd â chyfrifoldeb rhiant Deallaf yr wybodaeth sydd ar y ffurflen hon ac ar unrhyw atodiad ynghylch y gweithgaredd hwn neu'r ymweliad preswyl hwn, ac rwy'n rhoi caniatâd i fy mhlentyn gymryd rhan. Mae'r wybodaeth rwyf wedi'i rhoi ar y ffurflen hon yn gywir hyd y gwn. Byddaf yn rhoi gwybod i Arweinydd y Grŵp os bydd unrhyw newidiadau i iechyd neu ffitrwydd fy mhlentyn cyn gadael. Rwy'n caniatáu i fy mhlentyn gael triniaeth feddygol petai argyfwng, gan gynnwys anesthetig. **Rwy'n cytuno i lun gwelodol o fy mhlentyn cael ei ddefnyddio gan y Canolfan neu grŵp, a fydd efallai yn cynnwys y wasg, cyfryngau eraill ac ar y We.** Rwyf wedi gwneud yn siwr bod fy mhlentyn yn deall yr wybodaeth hon a bod yn rhaid iddi/iddi ufuddhau i reolau a chyfarwyddiadau aelodau o'r staff er ei ddiogelwch. Deallaf os bydd fy mhlentyn yn camymddwyn, yna efallai y bydd yn rhaid iddo/iddi ddod adref.

Llofnod (oedolyn â chyfrifoldeb)

Dyddiad:

2. Person ifanc Cytunaf, er fy niogelwch fy hun a phobl eraill, i ufuddhau i reolau a chyfarwyddiadau aelodau o'r staff.

Dyddiad:



Crefft Gwersylla Dros Nos 3ydd a 4ydd Awst 2016

Yn Starmans Freshwater West—Sir Benfro

Ffurflen rhoi caniatâd a gwybodaeth feddygol

| | | |
|--|-----------|----------|
| Cyfeiriad a manylion y person ifanc | Cyfeiriad | |
| Enw: | | |
| Dyddiad Geni: | | |
| Ffôn : | | Cod post |
| Enw Cyswllt gartref : | | |

| | | |
|---|-----------|----------|
| Cyswllt arall yn ystod yr ymweliad petai ar-gyfwng | Cyfeiriad | |
| | | |
| Enw: | | |
| Ffôn: | | Cod post |

Rhowch fanylion ynghylch unrhyw gyflwr meddygol neu feddygyniaeth reolaidd y dylem wybod amdanynt

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Please read and sign these two statements

1. Adult with parental responsibility I understand the information on this form and on any attachments about this activity or residential, and consent to my child taking part. The information I have given on this form is true to my knowledge. I will inform the Group Leader of any changes to my child's health or fitness before departure. I consent for my child to receive medical treatment in an emergency, including anaesthetics. **I consent to visual images of my child being used by the centre or group, which may include publicity in the press, other media and on the Web.** I have made sure that my child understands this information and that, for his/her safety, rules and instructions issued by staff must be obeyed. I understand that if my child misbehaves, he or she may be returned home.

Signed (responsible adult)

Date:

2. Young person I agree that, for my own, the group's and others' safety, I will obey the rules and instructions of members of staff.

Signed (young person)

Date: