

<p><b>Dychwelwch y ffurflen hon i'r Prif Weithredwr, Tai Wales &amp; West, Prif Swyddfa, Archway House, 77 Parc Tŷ Glas, Llanishen, Cardiff CF14 5DU Rhif ffôn ar gyfer unrhyw ymholiad – 0800 052 2526 a gofynnwch am adran y Prif Weithredwr</b></p>				<p><b>Please return this form to the Chief Executive, Wales &amp; West Housing, Head Office, Archway House, 77 Parc Tŷ Glas Llanishen, Cardiff CF14 5DU Telephone number for any enquiries – 0800 052 2526 and ask for Chief Exec Dept</b></p>			
<p><b>CYFRANDDALIWR: CAIS AM AELODAETH</b></p>				<p><b>SHAREHOLDER: APPLICATION FOR MEMBERSHIP</b></p>			
<p><b>1. Manylion personol</b></p>				<p><b>1. Personal details</b></p>			
Teitl a ffefrir:				Preferred Title:			
Cyfenw:				Surname:			
Enw(au) cyntaf:				First Name(s):			
Cyfeiriad:				Address:			
		Cod post:				Post Code:	
Dyddiad geni:				Date of Birth:			
Rhif ffôn: (cartref)		Rhif ffôn:(gwaith)		Telephone No: (home)		Telephone No: (work)	
Symudol:		E-bost:		Mobile:		E-mail:	
<p><b>2. Cyflogaeth, addysg a sgiliau</b></p>				<p><b>2. Employment, education and skills</b></p>			
<p>Beth yw/oedd eich galwedigaeth ddiweddaraf? (darparwch enw'r cyflogwr hefyd)</p>				<p>What is your most recent occupation? (please provide name of employer also)</p>			
Ai hon yw eich galwedigaeth ar hyn o bryd?		Yes	No	Is this your current occupation?		Yes	No
Os na, pa bryd y gorffennoch weithio:				If no, when did you finish:			

Lefel addysg uchaf a gwblhawyd (ac eithrio cymwysterau proffesiynol): (Ticiwch bob un sy'n gymwys)		Highest Education level completed (excluding professional qualifications): (Tick all that apply)			
	✓		✓		
Lefel 0-1		e.e. NVQ Lefel 1, 1-4 TGAU A*-C, TGAU D-G, 1 Lefel UG	Level 0-1		e.g. NVQ Level 1, 1-4 GCSE A*-C, GCSE D-G, 1 AS Level
Lefel 2		e.e. NVQ Lefel 2, 5+ TGAU A*-C / Lefel O, 2-3 Lefel UG / 1 Safon Uwch	Level 2		e.g. NVQ Level 2, 5+ GCSE A*-C / O-Levels, 2-3 AS Level / 1 A Level
Lefel 3		e.e. NVQ Lefel 3, 4+ Lefel UG / 2+ Safon Uwch, Prentisiaethau masnach	Level 3		e.g. NVQ Level 3, 4+ AS Level/2+ A Level, Trade Apprenticeships
Lefel 4-6		e.e. NVQ Lefel 4, gradd gyntaf, dysgu, nyrsio, uwch gymhwyster arall	Level 4-6		e.g. NVQ Level 4, first degree, teaching, nursing, other higher qualification
Lefel 7-8		e.e. NVQ Lefel 5, gradd uwch, fel ôl-radd neu ddoethuriaeth	Level 7-8		e.g. NVQ Level 5, higher degree such as postgraduate or doctorate
<b>Cymwysterau proffesiynol a gafwyd:</b> A oes gennych chi sgiliau/profiad priodol yn y meysydd a ganlyn? (Ticiwch bob un sy'n gymwys)		<b>Professional Qualifications attained:</b> Do you have appropriate skills/experience in the following? (Tick all that apply)			
Gwaith gydag awdurdodau lleol/cyrff cyhoeddus	<input type="checkbox"/>	Work with Local Authorities/Public bodies	<input type="checkbox"/>		
Cynnal a chadw eiddo/Rheoli asedau	<input type="checkbox"/>	Property Maintenance/Asset Management	<input type="checkbox"/>		
Cyfathrebu a chysylltiadau cyhoeddus	<input type="checkbox"/>	Communication and Public Relations	<input type="checkbox"/>		
Cynllunio a datblygu	<input type="checkbox"/>	Planning and Development	<input type="checkbox"/>		
Cyfranogiad preswylwyr/gwaith cymunedol	<input type="checkbox"/>	Resident Participation/Community Work	<input type="checkbox"/>		
Cydraddoldeb ac amrywiaeth	<input type="checkbox"/>	Equality & Diversity	<input type="checkbox"/>		
Busnes/Rheolaeth	<input type="checkbox"/>	Business/Management	<input type="checkbox"/>		
Llywodraethu	<input type="checkbox"/>	Governance	<input type="checkbox"/>		
Cyfreithiol	<input type="checkbox"/>	Legal	<input type="checkbox"/>		
Arlwyo	<input type="checkbox"/>	Catering	<input type="checkbox"/>		
Adeiladu	<input type="checkbox"/>	Construction	<input type="checkbox"/>		
Gofal a chymorth	<input type="checkbox"/>	Care and Support	<input type="checkbox"/>		
Rheoli tai	<input type="checkbox"/>	Housing Management	<input type="checkbox"/>		
Cyllid	<input type="checkbox"/>	Financial	<input type="checkbox"/>		
Dadansoddi	<input type="checkbox"/>	Analytical	<input type="checkbox"/>		
Adnoddau dynol	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>		
Os arall, nodwch manylion os gwelwch yn dda	<input type="checkbox"/>	Other, please specify	<input type="checkbox"/>		

3. Cyffredinol	3. General
Swyddi a dyddiadau cyfrifoldebau cyhoeddus:	Positions and dates of public responsibility held:
Aelod neu swyddog mewn cymdeithasau tai eraill? (nodwch y Gymdeithas a'r swydd)	Member or officer of other housing associations? (please specify Association and position held)
Ydych chi'n perthyn i aelod o staff neu Fwrdd Tai Wales & West? YDW/NAC YDW (Os ateboch 'ydw', nodwch enw a swydd yr unigolyn).	Are you related to a member of Wales & West Housing staff or Board? - YES/NO (If 'yes', please give the person's name and position).
Ydych chi'n byw yn un o eiddo Tai Wales & West? YDW/NAC YDW (Os ydych, nodwch cyfeiriad fanylion)	Do you live in a Wales & West Housing property? YES/NO (If 'yes' please give address)
A ydych, neu ydych chi wedi bod yn gyflogedig gan Tai Wales & West? YDW/NAC YDW (Os ydych, nodwch manylion)	Are you, or have you been an employee of Wales & West Housing? YES/NO (If 'yes', please give details).
Ydych chi wedi bod yn un o gyfranddalwyr y Gymdeithas yn y gorffennol? DO/NADDO (Os ateboch 'do', nodwch fanylion h.y. rhif y gyfran, dyddiad)	Have you previously been a shareholder of the Association? YES/NO (If 'yes', please give details i.e. Share Number, Date)
Ydych chi, neu unrhyw berthynas agos, wedi cael contract masnachol neu gontract gwasanaethau proffesiynol gyda'r Gymdeithas, neu waith i drydydd parti sydd â chontract o'r fath? (dilëwch fel bo'n briodol)  NADDO: DO: (Os ateboch 'do', manylwch)	Have you, or any close relative, had any commercial contract or contract for professional services with the Association, or work for a third party who has any such contract? (please delete as appropriate)  NO: YES: (If 'yes' please specify)

Pam rydych eisiau dod yn un o gyfranddalwyr WWH?  
Why do you want to become a shareholder of WWH?

Disgrifiwch y sgiliau a'r profiad y gallech eu cyfrannu at y Gymdeithas.  
Please describe the skills and experience you could bring to the Association.

Rhaid i bob cyfranddaliwr allu dangos empathi â thai cymdeithasol. Amlinellwch sut gallwch ddangos hyn.  
All shareholders must be able to demonstrate an empathy with social housing. Please outline how you can demonstrate this.

Rhaid i bob cyfranddaliwr fod â'r potensial i ddod yn aelodau o'r Bwrdd. Nodwch yn gryno sut byddech yn cyflawni'r gofyniad hwn.

All shareholders must have the potential to become Board members. Please indicate briefly how you fulfil this requirement.

*Llofnodwyd/Signed:*

*Dyddiedig/Dated:*

**Amgaeaf sic/arceb bost am £1 (yn daladwy i Wales & West Housing Association Limited/ I enclose a cheque/postal order for £1 (made payable to Wales & West Housing Association Limited)**

### CYFLEOEDD CYFARTAL

Byddai o gymorth i ni pe baech chi'n llenwi'r holiadur cydraddoldeb a ganlyn er mwyn ein helpu ni i fonitro ein hymrwymiad parhaus i gydraddoldeb. Bydd yr wybodaeth hon yn cael ei thrin yn gyfrinachol.

#### 1. Beth yw eich tarddiad ethnig? (ticiwch)

<input type="checkbox"/>	Gwyn
<input type="checkbox"/>	Grwpiau ethnig cymysg / lluosog
<input type="checkbox"/>	Asiaidd
<input type="checkbox"/>	Du / Affricanaidd / Caribiaidd
<input type="checkbox"/>	Sipsi neu Deithiwr Gwyddelig
<input type="checkbox"/>	Arab
<input type="checkbox"/>	Arall (rhowch fanylion)

#### Sut fydddech chi'n disgrifio'ch hunaniaeth genedlaethol?

<input type="checkbox"/>	Prydeiniwr/Prydeinwraig
<input type="checkbox"/>	Cymro/Cymraes
<input type="checkbox"/>	Sais/Saesnes
<input type="checkbox"/>	Albanwr/Albanes
<input type="checkbox"/>	Gwyddel/Gwyddeles o Ogledd Iwerddon
<input type="checkbox"/>	Gwyddel/Gwyddeles
<input type="checkbox"/>	Arall (rhowch fanylion)

#### 2. Rhyw

<input type="checkbox"/>	Gwryw
<input type="checkbox"/>	Benyw

#### 3. A yw eich rhywedd yr un fath â phan gawsoch chi eich geni (aseiniwyd adeg eich geni)?

<input type="checkbox"/>	Ydi
<input type="checkbox"/>	Nac ydi

#### 4. Dywedwch wrthym beth yw eich dyddiad geni

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### EQUAL OPPORTUNITIES

It would help us if you completed the following equality questionnaire to help us monitor our continued commitment to equality. This information will be treated confidentially.

#### 1. What is your ethnic origin? (please tick)

<input type="checkbox"/>	White
<input type="checkbox"/>	Mixed/multiple ethnic groups
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African/Caribbean
<input type="checkbox"/>	Gypsy or Irish Traveller
<input type="checkbox"/>	Arab
<input type="checkbox"/>	Other (please specify)

#### How would you describe your national identity

<input type="checkbox"/>	British
<input type="checkbox"/>	Welsh
<input type="checkbox"/>	English
<input type="checkbox"/>	Scottish
<input type="checkbox"/>	Northern Irish
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Other (please specify)

#### 2. Are you

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

#### 3. Is your gender the same as you were born with (assigned at birth)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

#### 4. Please tell us your date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**5. Beth yw eich crefydd neu gred?**

- Bwdhydd
- Cristion
- Hindŵ
- Iddew
- Mwslim
- Sikh
- Arall (nodwch)
- Dim crefydd

**5. What is your religion or belief?**

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other Religion, please state
- No religion

**6. Dywedwch sut byddech chi fel arfer yn disgrifio eich tueddfryd rhywiol**

- Heterorywiol/Syth I
- Deurywiol
- Dyn hoyw
- Menyw hoyw/lesbiad
- Arall

**6. Please say how you would usually describe your sexual orientation**

- Heterosexual/straight
- Bisexual
- Gay man
- Gay woman/lesbian
- Other

**7a. Ydi eich gweithgarwch o ddydd i ddydd yn gyfyngedig oherwydd cyflwr iechyd neu anabledd sydd wedi para, neu y mae disgwyl iddo bara, o leiaf 12 mis?**

- Ydynt - Yn cael eu cyfyngu ychydig
- Ydynt – Yn cael eu cyfyngu'n fawr
- Nac ydynt

**7a. Are your day-to-day activities limited because of a health condition or disability which has lasted, or is expected to last, at least 12 months?**

- Yes, limited a little
- Yes, limited a lot
- No

**7b. Mae o gymorth i ni wybod a ydym yn cyrraedd pob un anabl. Os ydych chi wedi ticio 'Ydi' uchod, allwch chi roi tic yn y blwch (blychau) priodol isod. Mae croeso i chi roi tic mewn mwy nag un blwch os yw'n briodol.**

- Byddardod neu nam ar y clyw
- Dallineb neu nam ar y golwg
- Anabledd/nam corfforol neu anhawster symud
- Anabledd dysgu
- Anhawster dysgu e.e. dyslecsia

**7b. It helps us to know whether we are reaching all disabled people. If you ticked 'yes' above, please can you tick the relevant box(es) below. You are welcome to tick more than one box if appropriate.**

- Deafness or hearing impairment
- Blindness or vision impairment
- Physical disability/impairment or mobility issue
- Learning disability
- Learning difficulty, such as dyslexia



<input type="checkbox"/>	Cyflwr iechyd meddwl e.e. iselder, dementia neu sgitsoffrenia
<input type="checkbox"/>	Nam Cymdeithasol/cyfathrebu e.e. Anhwyllder Asperger / anhwylder arall ar y sbectrwm awtistig
<input type="checkbox"/>	Cyflwr iechyd tymor hir e.e. canser, HIV, diabetes, clefyd cronig y galon neu epilepsi
<input type="checkbox"/>	Enabledd, nam neu gyflwr meddygol heb ei restru uchod, disgrifiwch

<input type="checkbox"/>	Mental Health condition such as depression, dementia or schizophrenia
<input type="checkbox"/>	Social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
<input type="checkbox"/>	Long term health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
<input type="checkbox"/>	A disability, impairment or medical condition that is not listed above, please describe

**8.0 Ydych chi'n ofalwr, ydych chi'n edrych ar ôl neu'n cynnig unrhyw help i gefnogi aelodau o'r teulu, ffrindiau, cymdogion neu eraill, naill ai oherwydd afiechyd/anabledd neu broblemau tymor hir corfforol neu feddyliol sy'n gysylltiedig â henaint?**

**8.0 Are you a carer, do you look after or give any help to support family members, friends, neighbours or others, because of either long term physical or mental ill health/disability or problems related to old age?**

<input type="checkbox"/>	Nac ydw
<input type="checkbox"/>	Ydw, 1-19 awr yr wythnos
<input type="checkbox"/>	Ydw, 20-49 awr yr wythnos
<input type="checkbox"/>	Ydw, 50 neu ragor o oriau'r wythnos

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, 1-19 hours a week
<input type="checkbox"/>	Yes, 20-49 hours a week
<input type="checkbox"/>	Yes, 50 or more hours a week

Dychwelwch y ffurflen hon at y Prif Weithredwr,  
Tai Wales & West,  
Tŷ'r Bwa, 77 Parc Tŷ Glas, Llanisien,  
CAERDYDD CF14 5DU  
Rhif ffôn ar gyfer unrhyw ymholiad - 0800 052 2526 a  
gofynnwch am Adran y Prif Weithredwr

Please return this form to the Chief Executive,  
Wales & West Housing,  
Head Office, Archway House, 77 Parc Tŷ Glas,  
Llanishen, CARDIFF CF14 5DU  
Telephone number for any enquiries – 0800 052 2526  
and ask for Chief Exec Dept

**Diolch i chi am lenwi'r ffurflen hon**

**Thank you for completing this form**