

**RHAN A- I'W GWBLHAU GAN Y RHEOLWR RECRIWTIO**  
**PART A- TO BE COMPLETED BY RECRUITING MANAGER**

<b>Teitl Swydd:</b> Job Title:	Quality & Safety Case Coordinator for MHL Services	<b>Adran/Ward Newydd:</b> New Department/Ward:	Mental Health
<b>Band/Gradd:</b> Band/Grade:	6	<b>Sylfaen/Lleoliad Newydd:</b> New Base/ Location:	Bronllys Hospital
<b>Dyddiad Cychwyn Disgwyliedig:</b> Expected Start Date:	1 Oct 2023	<b>Enw Rheolwr:</b> Manager Name:	Paul Hanna
<b>Oriau:</b> Hours:	<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other: Number of hours/sessions	<b>Cyfeiriad Ebst Rheolwr:</b> Manager Email Address:	Paul.Hanna@wales.nhs.uk
		<b>Clirio E-bost i'w anfon i:</b> Email Clearance to be sent to:	Central.recruitment@wales.nhs.uk
<b>Contract:</b> Contract:	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Honorary	<b>Cyfeirnod Swydd:</b> Job Reference Number:	CAJE Ref: 2023/0091
		<b>Beth yw gofynion penodol y rôl?</b> What are the specific requirements of the role?	
<b>Beth yw gofynion penodol y rôl sydd angen gwyliadwriaeth iechyd?</b>  What are the specific requirements of the role which require health surveillance?	<input checked="" type="checkbox"/> <b>Defnyddiwr Offer Sgrin Arddangos</b> Display Screen Equipment user  <input type="checkbox"/> <b>Sŵn (&gt; nag 80dBa TWA)</b> Noise (> than 80dBa TWA)  <input type="checkbox"/> <b>Gweithwyr nos</b> Night workers  <input type="checkbox"/> <b>Sensitifwyr anadlol, nodwch cyfrwng sensiteiddio:</b> Respiratory sensitisers, specify sensitising agent:  <input type="checkbox"/> <b>Sensitifyddion croen, nodwch: latecs neu gyfrwng sensiteiddio arall</b> Skin sensitisers, specify: latex or other sensitising agent:  <input type="checkbox"/> <b>Dirgryniad Braich Llaw, nodwch offeryn dirgryniad:</b> Hand Arm Vibration, specify vibration tool:  <input type="checkbox"/> <b>Arall - nodwch yr asiant a'r math o wylidwriaeth</b> Other - specify agent and type of surveillance:		

**RHAN B- MANYLION PERSONOL - I'W LLENWI GAN BOB YMGEISYDD**  
**PART B- PERSONAL DETAILS- TO BE COMPLETED BY ALL APPLICANTS**

<b>Teitl:</b> Title:	Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/> Athro /Professor <input type="checkbox"/>	<b>Rhyw:</b> Gender:	<input type="checkbox"/> <b>Gwryw</b> Male <input type="checkbox"/> <b>Benyw</b> Female <input type="checkbox"/> <b>Anneuaidd/Trydydd Rhyw</b> Non Binary/Third Gender <input type="checkbox"/> <b>Gwell gennyf beidio â dweud</b> Prefer not to say <input type="checkbox"/> <b>Mae'n well gen i ddefnyddio fy nherm fy hun</b> Prefer to use my own term:	
<b>Cyfenw/Enw Teulu:</b> Surname/Family Name:		<b>Enw Cyntaf:</b> First Name:		
<b>Enwau blaenorol: (os yn berthnasol)</b> Previous names: (if applicable)		<b>Dyddiad Geni:</b> Date of Birth:		
<b>Rhif Yswiriant Gwladol:</b> National Insurance Number:		<b>Teitl Swydd Arfaethedig:</b> Proposed Job Title:		
<b>Adran:</b> Department:		<b>Safle:</b> Site:		
<b>Cyfeiriad Tŷ:</b> Home Address:		<b>Cod Post:</b> Post Code:		
<b>Cyfeiriad ebost:</b> Email Address:		<b>Rhif Ffôn Symudol:</b> Mobile Phone Number:		
<b>Rhif Ffôn Cartref:</b> Home Telephone Number:		<b>Enw Meddyg Teulu:</b> GP Name:		
<b>Cyfeiriad Meddyg Teulu:</b> GP Address:				
<b>Rhif Ffôn Cartref:</b> GP Contact Number:		<b>Ydych chi'n newydd i weithio i'r GIG?</b> Are you new to working for the NHS?	<b>Ydw</b> Yes <input type="checkbox"/>	<b>Nac Ydw</b> No <input type="checkbox"/>
<b>A ydych yn gyflogedig ar hyn o bryd neu wedi cael eich cyflogi gan y sefydliad hwn?</b> Are you currently employed or have been employed by this organisation?			<b>Ydw</b> Yes	<b>Nac Ydw</b> No

				<input type="checkbox"/>	<input type="checkbox"/>
<i>Cyflogaeth Blaenorol: (Rhowch fanylion cyflogaeth flaenorol o fewn y 5 mlynedd diwethaf) Previous Employment: (Please provide details of previous employment within the last 5 years)</i>	<b>O From</b>	<b>I To</b>	<b>Cyflogwr Employer</b>	<b>Teitl Swydd Job Title</b>	
<p><b><i>Mae eich penodiad i'ch rôl newydd yn amodol ar asesiad o'ch ffitrwydd i weithio. Pwrpas yr asesiad hwn yw:</i></b></p> <ul style="list-style-type: none"> <li><b><i>Nodwch unrhyw broblemau iechyd neu anableddau a allai wneud y swydd arfaethedig yn anodd neu'n annïogel i chi neu eraill.</i></b></li> <li><b><i>Galluogi eich cyflogwr i nodi unrhyw addasiadau i'ch gwaith a allai wneud bywyd yn haws i chi.</i></b></li> </ul> <p><b>Your appointment to your new role is subject to an assessment of your fitness for work. The purpose of this assessment is to:</b></p> <ul style="list-style-type: none"> <li><b>Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others.</b></li> <li><b>To enable your employer to identify any adjustments to your work that may make life easier for you.</b></li> </ul>					
<p><b>RHAN C- STATWS IECHYD PRESENNOL - I'W GWBLHAU GAN BOB YMGEISYDD PART C- CURRENT HEALTH STATUS- TO BE COMPLETED BY ALL APPLICANTS</b></p>					
<p><b>DARLENWCH Y DATGANIADAU CANLYNOL YN OFALUS. AR Y DIWEDD MAE BLWCH IE NEU NA SENGL I'W DICIO. PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. AT THE END IS A SINGLE YES OR NO BOX TO BE TICKED.</b></p> <p><i>Er mwyn cadw cyfrinachedd meddygol, NID yw'n ofynnol i chi nodi unrhyw gyflyrau/salwch sydd gennych neu a gawsoch. To preserve medical confidentiality, you are NOT required to identify any conditions/ illnesses you have or have had.</i></p>					
<b>1.</b>	<p><i>A oes gennych unrhyw gyflyrau iechyd neu anableddau a allai amharu ar eich gallu i gyflawni dyletswyddau'r swydd a gynigiwyd i chi yn effeithiol?</i> Do you have any health conditions or disabilities which might impair your ability to effectively undertake the duties of the position which you have been offered?</p>				
<b>2.</b>	<p><i>A oes gennych gyflwr iechyd neu anabledd a allai effeithio ar eich gwaith ac a allai fod angen addasiadau arbennig i'ch gwaith neu weithle?</i> Do you have a health condition or disability which might affect your work and may require special adjustments to your work or place of work?</p>				
<b>3.</b>	<p><i>Mewn perthynas â'r Coronafeirws (COVID-19) a ydych wedi cael eich cynghori yn flaenorol i warchod neu a ydych yn bodloni'r meini prawf ar gyfer pobl sy'n wynebu risg uwch o salwch difrifol o COVID-19 (gweler nodyn 2)?</i></p>				

	In relation to Coronavirus (COVID-19) have you previously been advised to shield or do you fit the criteria for people who are at increased risk of severe illness from COVID-19 ( <b>see note 2</b> )?
4.	<i>A ydych yn credu bod gennych unrhyw alergeddau gan gynnwys alergedd i latecs posibl neu wedi'i gadarnhau?</i> Do you believe you have any allergies including a possible or confirmed allergy to latex?
5.	<i>Ydych chi'n dioddef o Asthma ar hyn o bryd?</i> Do you currently suffer with Asthma?
6.	<i>Ydych chi'n dioddef o gyflwr croen ar hyn o bryd e.e.ecsema/dermatitis a allai gael ei waethygu gan waith yn eich barn chi?</i> Do you currently suffer with a skin condition e.g. eczema/dermatitis which you feel may be made worse through work?
7.	<i>A oes gennych unrhyw gyflwr meddygol , ffactorau iechyd a/neu anabledd a allai effeithio ar eich gallu i wneud gwaith nos?</i> Do you have any medical condition , health factors and/or disability which may affect your ability to undertake night-work?
8.	<i>Ydych chi'n dioddef o gyflwr croen ar hyn o bryd e.e.ecsema/dermatitis a allai gael ei waethygu gan waith yn eich barn chi?</i> Do you have a cough that has lasted more than 3 weeks, unexplained weight loss or an unexplained fever?
<b><i>I datganiad uchod rwy'n ymateb NAC YDW:</i></b> To all of the above statements I respond NO:	
<input type="checkbox"/>	
<b><i>I datganiad uchod, rwy'n ymateb YDW:</i></b> To one or more of the statements above, I respond YES:	
<input type="checkbox"/>	
<b>DARLLENWCH Y DATGANIADAU CANLYNOL YN OFALUS. AR Y DIWEDD MAE BLWCH IE NEU NA SENGL I'W DICIO.</b>	
<b>PLEASE READ THE FOLLOWING STATEMENT CAREFULLY. AT THE END IS A SINGLE YES OR NO BOX TO BE TICKED.</b>	
<b>AT DDEFNYDD IECHYD GALWEDIGAETHOL YN UNIG FOR OCCUPATIONAL HEALTH USE ONLY</b>	
<i>Ydych chi wedi byw neu dreulio amser am 3 mis neu fwy y tu allan i'r DU yn ystod y 5 mlynedd diwethaf (<b>gweler nodyn 1</b>)?</i> Have you lived or spent time for 3 months or more outside of the UK in the last 5 years ( <b>see note 1</b> )?	
<b><i>I datganiad uchod rwy'n ymateb NAC YDW:</i></b> To the above statement I respond NO:	
<input type="checkbox"/>	
<b><i>I datganiad uchod, rwy'n ymateb YDW:</i></b>	
<input type="checkbox"/>	



To the above statement I respond YES:

**RHAN D- DATGANIAD - I'W GWBLHAU GAN BOB YMGEISYDD**  
**PART D- DECLARATION- TO BE COMPLETED BY ALL APPLICANTS**

*Rwy'n datgan bod y wybodaeth a roddwyd gennyf ar y ffurflen hon yn wir hyd eithaf fy ngwybodaeth a'm cred. Deallaf os yw unrhyw wybodaeth yn ffug neu wedi'i hepgor yn fwriadol, y gellir fy ystyried yn anghymwys ar gyfer cyflogaeth neu'n agored i gael fy niswyddo. Mewn achosion o'r fath pan fydd angen barn ar unrhyw addasiad, byddwn yn cysylltu â mi i drafod fy ngalluoedd a'r addasiadau a argymhellir. Rwy'n deall y gall Iechyd Galwedigaethol wneud y canlynol gyda'm caniatâd i:*

- *Cael canlyniadau imiwneiddio a sgrinio gan unrhyw Adran Iechyd Galwedigaethol flaenorol neu sefydliad GIG arall.*
- *Trosglwyddo fy nghanlyniadau imiwneiddio a sgrinio i sefydliadau GIG eraill lle'r wyf yn gweithio, lle rwy'n bwriadu gweithio, bod ar leoliad neu'n rhan o swydd hyfforddiant cylchdro.*

I declare that the information I have given on this form is true to the best of my knowledge and belief. I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible for employment or liable to be dismissed. In such cases where an opinion on any adjustment is required I will be contacted to discuss my abilities and the recommended adjustments. I understand that Occupational Health may with my permission:

- Obtain immunisation and screening results from any previous Occupational Health Department or other NHS organisation.
- Transfer my immunisation and screening results to other NHS organisations where I am working, where I intend to work, be on placement or part of a rotational training post.

*Ticiwch y blwch os ydych yn cydsynio i'r uchod*  **gweld nodyn 3**

Please tick the box if you consent to the above  **see note 3**

*Rwy'n deall na fydd manylion meddygol yn cael eu datgelu heb fy nghaniatâd i unrhyw berson y tu allan i'r Gwasanaeth Iechyd Galwedigaethol ond y bydd barn am fy addasrwydd i weithio, gan gynnwys gwybodaeth am fy nghariad i wneud gwaith clinigol ac imiwneiddiadau, yn cael ei rhoi i'r rheolwyr.*

I understand that medical details will not be divulged without my permission to any person outside the Occupational Health Service but that an opinion about my fitness to work, including information about my clearance to undertake clinical work and immunisations, will be given to management.

***Bydd y ffurflen hon yn cael ei ddanfôn ymlaen i'r Adran Iechyd Galwedigaethol. Ni fydd y Gwasanaeth Recriwtio yn cadw copi o'r ffurflen hon os ydych wedi ateb 'Ydw' i unrhyw un o'r datganiadau isod. Os atebwch 'Na', cedwir copi ar eich ffeil fel tystiolaeth o gliriad.***

**This form will be forwarded to the Occupational Health Department. The Recruitment Service will not retain a copy of this form if you have answered Yes to any of the below statements. If you answer No, a copy will be held on your file as evidence of clearance.**

**Llofnod yr Ymgeisydd:**  
**Applicant's Signature:**

**Dyddiad:**  
**Date:**



## EXPLANATION NOTES

<p><b>Nodyn 1:</b> <b>Statws TB</b> <b>Note 1:</b> <b>TB status</b></p>	<p><i>Dylai staff newydd sy'n dod i mewn i'r DU o wledydd risg uchel (cyfradd mynychder TB &gt; 40 mewn 100,000)</i></p> <p><i>ddarparu tystiolaeth o'u statws TB. Gallai hyn gynnwys manylion y brechiad, prawf croen, profion gwaed a phelydr-X o'r frest. Bydd angen ailadrodd pelydrau X o'r frest cyn rhoi cliriad, oni bai bod tystiolaeth ar gael o ffynhonnell achrededig yn y DU. Gweithwyr gofal iechyd newydd sydd wedi gweithio mewn lleoliad clinigol TB risg uchel am 4 wythnos neu fwy h.y. wedi gweithio ar wardiau TB dynodedig / clinigau TB neu wedi gweithio mewn carchardai, gyda'r digartref neu geiswyr lloches i gael prawf interferon.</i></p> <p><i>Os byddwch chi'n datblygu'r symptomau canlynol (sy'n gydnaws â TB): peswch yn para mwy na 3 wythnos, twymyn, chwysu yn y nos, colli pwysau, colli egni, peswch gwaed, ceisiwch farn feddygol gan eich meddyg teulu a chysylltwch ag Iechyd Galwedigaethol.</i></p> <p>New staff entering the UK from high-risk countries (TB incidence rate &gt; 40 in 100,000) should provide evidence of their TB status. This could include details of vaccination, skin test, blood tests and chest X-ray. Chest X rays will need to be repeated prior to clearance being issued, unless evidence is available from a UK accredited source. New healthcare workers who have worked in high-risk TB clinical setting for 4 weeks or longer i.e. worked on designated TB wards / TB clinics or worked in prisons, with the homeless or asylum seekers to have an interferon test.</p> <p>If you develop the following symptoms (compatible with TB): cough lasting longer than 3 weeks, fever, night sweats, weight loss, loss of energy, coughing up blood seek a medical opinion from your GP and contact Occupational Health.</p>
<p><b>Nodyn 2:</b> <b>Asesiad COVID-19</b> <b>Note 2:</b> <b>COVID-19 Assessment-</b></p>	<p><i>Mae pobl sy'n cael eu diffinio fel rhai sy'n hynod agored i niwed yn glinigol mewn risg uchel iawn o salwch difrifol oherwydd coronafeirws. Mae 2 ffordd y gallwch gael eich adnabod yn glinigol hynod agored i niwed:</i></p> <ol style="list-style-type: none"> <li><i>1. Mae gennych un neu fwy o'r amodau a restrir isod, neu</i></li> <li><i>2. Mae eich clinigwr neu feddyg teulu wedi eich ychwanegu at y Rhestr Cleifion a Warchodir oherwydd, yn seiliedig ar eu barn glinigol, maent yn ystyried eich bod mewn mwy o berygl o salwch difrifol os byddwch yn dal y firws.</i></li> </ol> <p><i>Ystyrir yn awtomatig fod pobl sydd â'r cyflyrau canlynol yn hynod agored i niwed yn glinigol:</i></p> <ul style="list-style-type: none"> <li><i>• derbynwyr trawsblaniadau organau solet</i></li> <li><i>• pobl â chanserau penodol</i> <ul style="list-style-type: none"> <li><i>○ pobl â chanser sy'n cael cemotherapi gweithredol</i></li> <li><i>○ pobl â chanser yr ysgyfaint sy'n cael radiotherapi radical</i></li> <li><i>○ pobl â chanserau'r gwaed neu fêr esgyrn fel lewcemia, lymffoma neu myeloma sydd ar unrhyw gam o'r driniaeth</i></li> <li><i>○ pobl sy'n cael imiwnotherapi neu driniaethau gwrthgyrff parhaus eraill ar gyfer cancer</i></li> <li><i>○ pobl sy'n cael triniaethau cancer eraill wedi'u targedu a all effeithio ar y system imiwnedd, megis atalyddion kinase protein neu atalyddion PARP</i></li> </ul> </li> </ul>



- *pobl sydd wedi cael trawsblaniadau mêt esgyrn neu fôn-gelloedd yn ystod y 6 mis diwethaf neu sy'n dal i gymryd cyffuriau gwrthimiwnedd*
- *pobl â chyflyrau anadlol difrifol gan gynnwys pob ffibrosis systig, asthma difrifol a chlefyd rhwystrrol cronig yr ysgyfaint (COPD)*
- *pobl â chlefydau prin sy'n cynyddu'r risg o heintiau'n sylweddol (fel diffyg imiwnedd cyfun difrifol (SCID), clefyd cryman-gell homosygaid)*
- *digon o bobl ar therapiau gwrthimiwnedd i gynyddu'r risg o haint yn sylweddol*
- *problemau gyda'ch dueg, er enghraifft splenectomi (tynnu eich dueg)*
- *oedolion â syndrom Down*
- *oedolion ar ddialysis neu â chlefyd cronig yn yr arennau (cam 5)*
- *menywod sy'n feichiog â chlefyd y galon sylweddol, yn gynhenid neu wedi'u caffael*

*pobl eraill sydd hefyd wedi'u dosbarthu fel rhai clinigol eithriadol o agored i niwed, yn seiliedig ar farn glinigol ac asesiad o'u hanghenion. Mae meddygon teulu a chlinigwyr ysbytai wedi cael canllawiau i gefnogi'r penderfyniadau hyn.*

People who are defined as clinically extremely vulnerable are at very high risk of severe illness from coronavirus. There are 2 ways you may be identified as clinically extremely vulnerable:

3. You have one or more of conditions listed below, or
4. Your clinician or GP has added you to the Shielded Patient List because, based on their clinical judgement, they deem to you be at higher risk of serious illness if you catch the virus.

People with the following conditions are automatically deemed clinically extremely vulnerable:

- solid organ transplant recipients
- people with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - people having immunotherapy or other continuing antibody treatments for cancer
  - people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- problems with your spleen, for example splenectomy (having your spleen removed)
- adults with Down's syndrome
- adults on dialysis or with chronic kidney disease (stage 5)
- women who are pregnant with significant heart disease, congenital or acquired



- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

**Nodyn 3:**  
**Caniatâd i**  
**Gael**  
**Mynediad i**  
**Wybodaeth**  
**Iechyd**  
**Note 3:**  
**Consent to**  
**Access Health**  
**Information**

*Efallai y bydd angen i Iechyd Galwedigaethol gysylltu â'ch adran Iechyd Galwedigaethol flaenorol i gael cofnodion imiwneiddio a sgrinio. Mae angen eich caniatâd ysgrifenedig cyn y gallwch wneud hyn.*

*Mae ceisiadau am adroddiadau gan adrannau Iechyd Galwedigaethol eraill neu wybodaeth gan ymarferwyr meddygol eraill, sy'n gyfrifol am eich gofal clinigol, yn ddarostyngedig i Ddeddf Mynediad at Adroddiadau Meddygol 1988. Mae'n rhaid i'ch hawliau o dan y ddeddf gael eu hesbonio a'u parchu fel rhan o'r broses o gael caniatâd gwybodus. I grynhoi, mae'r rhain yn cynnwys:*

- Yr hawl i weld yr adroddiad cyn iddo gael ei anfon.
- Yr hawl i ofyn i'r meddyg ddiwygio neu addasu gwybodaeth a ystyrir yn anghywir.
- 21 diwrnod o'r hysbysiad yr hawl i ofyn am fynediad i'r adroddiad.

*Sylwch y bydd y wybodaeth a roddwch yn cael ei defnyddio at y dibenion canlynol: i alluogi'r sefydliad i greu cofnod o'ch cais; i alluogi'r cais i gael ei brosesu; i alluogi'r sefydliad i gasglu ystadegau, neu i gynorthwyo sefydliadau eraill i wneud hynny, ar yr amod na fydd unrhyw wybodaeth ystadegol a fyddai'n eich adnabod chi fel unigolyn yn cael ei chyhoeddi. Bydd y wybodaeth yn cael ei chadw'n ddiogel, ac ni chaiff ei chadw'n hwy nag sydd angen.*

Occupational Health may need to contact your previous Occupational Health department for immunisation and screening records. Your written consent is required prior to being able to do this.

Requests for reports from other Occupational Health departments or information from other medical practitioners, who are responsible for your clinical care, are subject to the Access to Medical Reports Act 1988. Your rights under the act must be explained and respected as part of the process of obtaining informed consent. In summary these include:

- The right to see the report before it is sent.
- The right to ask the doctor to amend or modify information considered inaccurate.
- 21 days from notification the right to seek access to the report.

Please note that the information which you give will be used for the following purposes: to enable the organisation to create a record of your application; to enable the application to be processed; to enable the organisation to compile statistics, or to assist other organisations to do so, provided that no statistical information that would identify you as an individual will be published. The information will be kept securely, and will be kept no longer than necessary.

**Nodyn 4:**  
**Statws**  
**Imiwneiddio**  
**Note 4:**  
**Immunisation**  
**Status**

*Mae'n ofynnol i bob gweithiwr Gofal Iechyd/staff sydd â chyswllt â chleifion ddarparu gwybodaeth am eu himiwneidd i TB, y frech goch, clwy'r pennau, rwbela (MMR), brech yr ieir, a hepatitis B.*

*Os byddwch yn dod i gysylltiad neu'n dod yn symptomatig o haint trosglwyddadwy cysylltwch ag Iechyd Galwedigaethol am gyngor, neu os byddwch y tu allan i oriau, gofynnwch am farn feddygol gan eich meddyg teulu.*

*Cynigir swyddi ar y ddealltwriaeth y bydd yr ymgeisydd yn cydymffurfio â gofynion lleol o ran imiwneiddio a sgrinio, a rheoli cyswllt ag offer miniog a hylif y corff.*

**Staff imiwnedd gwan:** Os oes gennych chi imiwnedd cyfaddawd (e.e. gan steroidau, HIV, triniaeth feddygol ac ati) gall fod yn anniogel i chi:

- Cael brechlynnau byw
- Gweithio mewn rhai meysydd
- Perfformio rhai gweithdrefnau llawfeddygol/ymlledol

Os byddwch yn dod yn imiwnedd gwan yn ystod eich cyflogaeth, rhowch wybod i lechyd Galwedigaethol yn gyfrinachol.

**Y frech goch, clwy'r pennau a rwbel (MMR):** Mae'r Cydbwyllgor ar Imiwneiddio a Brechu (JCVI) yn cynghori bod y brechlyn MMR yn arbennig o bwysig yng nghyd-destun gallu staff i drosglwyddo heintiau'r frech goch, clwy'r pennau neu rwbel a grwpiau agored i niwed. Er y gall fod angen brechiad MMR ar weithwyr gofal iechyd er eu lles eu hunain, dylent hefyd fod yn imiwn i'r frech goch a rwbel er mwyn cynorthwyo i amddiffyn cleifion.

### **Dychwelwch y ffurflen Imiwneiddio atodol yn uniongyrchol i lechyd Galwedigaethol**

All Healthcare workers/staff with patient contact are required to provide information relating to their immunity to TB, measles, mumps, rubella (MMR), chickenpox, and hepatitis B. If you come into contact or become symptomatic of a communicable infection contact Occupational Health for advice, or if out of hours, seek a medical opinion from your GP.

Posts are offered on the understanding that the applicant will comply with local requirements regarding immunisation and screening, and sharps and body fluid contact management.

**Immunocompromised staff:** If you are immunocompromised (e.g. by steroids, HIV, medical treatment etc)

it may be unsafe for you to:

- Have live vaccines
- Work in certain areas
- Perform some surgical/invasive procedures

If you become immuno-compromised during your employment, please notify Occupational Health in confidence.

**Measles, mumps and rubella (MMR):** The Joint Committee on Vaccination and Immunisation (JCVI)

advises that the MMR vaccine is especially important in the context of the ability of staff to transmit measles, mumps or rubella infections to vulnerable groups. While healthcare workers may need MMR vaccination for their own benefit, they should also be immune to measles and rubella in order to assist in protecting patients.

### **Please return the supplementary Immunisation form directly to Occupational Health**

**Nodyn 5:  
Sgrinio BBV-  
Note 5: BBV  
Screening-**

*Dylid cynnig trafodaeth cyn prawf a phrawf gwrthgorff Hepatitis C, prawf HIV a Hepatitis B (Sgrinio BBV) i bob CIC sy'n newydd i'r GIG. Ni fydd gwrthod prawf ar gyfer Hepatitis B, Hepatitis C neu HIV yn effeithio ar gyflogaeth neu hyfforddiant CIC na fydd yn cyflawni EPPs. Os dymunwch gael eich gwahodd am apwyntiad i drafod a chael cynnig Sgriniad BBV, nodwch hynny ar y ffurflen imiwneiddio.*

All HCWs who are new to the NHS should be offered a pre-test discussion and a Hepatitis C



	<p>antibody test, HIV test and Hepatitis B (BBV Screening). Declining a test for Hepatitis B, Hepatitis C or HIV will not affect the employment or training of HCW's who will not perform EPPs. If you wish to be invited for an appointment to discuss and be offered BBV Screening, please indicate on the immunisation form.</p>
<p><b>Nodyn 6: Dychwelyd yr Holiadur Note 6: Return of Questionnaire</b></p>	<p style="text-align: center;"><b>Dychwelwch y ffurflen hon yn uniongyrchol i recriwtio Please return this form directly to recruitment</b></p>