

**FFURFLEN ARCHEBU CLUDIANT AR GYFER TACSI/GOFYNION CLUDIANT ARBENNIG 2008/09
COLLEGE TRANSPORT BOOKING FORM FOR TAXI/SPECIALIST TRANSPORT REQUIREMENTS 2008/09**

Enw Cyntaf : Forename:		Dyddiad Geni : Date of Birth :							
Cyfenw : Surname:									
Cyfeiriad : Address:									
Rhif Ffôn / Tel No:									
Rhif Ffôn Symudol / Mobile No:									

Rhif Adnabod Myfyriwr : Student ID No:			
Cwrs a Blwyddyn Astudio : e.e. blwyddyn 1afy cwrs neu'n dychwelyd Course and year of Study: e.g. 1st year of course or returning			
Rwyf angen tacsï o : I Require a Taxi from:		I: To:	
Oes angen cludiant sy'n addas ar gyfer cadair olwyn arnoch? Do you require transport which is wheelchair accessible?	Oes: Yes:		Nac oes: No:

Os yw'n hysbys, cwblhewch y diwrnodau byddwch chi'n bresennol ar y cwrs/**If known please complete the days of attendance on the course.**

	Dydd Llun Monday	Dydd Mawrth Tuesday	Dydd Mercher Wednesday	Dydd Iau Thursday	Dydd Gwener Friday
Bore/Morning					
Prynhawn/Afternoon					

Amlinellwch unrhyw ofnyion cefnogaeth/cludiant arbenigol: / Please outline why support/transport is needed:			
Llofnodion: Signatures	Tiwtor: Tutor:		
Myfyriwr: Student:		Rhiant: Parent:	

Oes oes angen trafndiaeth ar sail meddygol disgrifiwch y cyflwr a c atodwch dystiolaeth feddygol: / If transport is required on medical grounds please describe condition and attach medical evidence:

Cwblhewch a dychwelwch y ffurflen 05.09.08 i:
Cyd-drefnydd Cludiant
Ffordd Llandudno,
Llandrillo-Yn-Rhos,
Bae Colwyn,
Conwy,
LL28 4HZ

Please complete and return the form by 05.09.08 to:
Transport Co-ordinator
Llandudno Road,
Rhos On Sea,
Colwyn Bay,
Conwy,
LL28 4HZ