**Ffurflen Cofrestru**
**Registration form**

Digwyddiad(au) /

Event(s):

Enw /
Name:

Mudiad (os yn berthnasol) /
Organisation (if any):

E-bost /
Email:

Rhif Ffôn /
Phone Number:

Cyfeiriad /
Address:

Ym mha ffordd y dymunwch inni gysylltu â chi? /
How would you like to be contacted?

  

A oes gynnoch chi unrhyw ofynion hygyrchedd /
Do you have any access requirements?

 
Plîs rhowch fanylion / Please provide details:

A oes gynnoch chi unrhyw ofynion dietegol /
Do you have any dietary requirements?

  

  

Eraill (Plîs rhowch fanylion) / Other (please provide details):

Ym mha iaith y dymunwch inni gysylltu â chi? /
What language would you prefer to communicate in?

 

Eraill (plîs rhowch fanylion) / Other (please provide details):

Ydych chi angen ad-daliad costau cludiant, mynediad, gofal, gofal plant neu gostau eraill? /
Do you need transport, access, care, childcare or other costs reimbursed?


Os ie, plîs rhowch fanylion / If yes please provide details:

Plîs dychwelwch y ffurflen hon i Diverse Cymru trwy:
Please return this registration form to Diverse Cymru by:

E-bost / Email: **Shelagh.maher@diverse.cymru**

Post: Diverse Cymru, 307-315 Heol Ddwyreiniol y Bont-fae, Caerdydd, CF5 1JD /

Diverse Cymru, 307-315 Cowbridge Road East, Cardiff, CF5 1JD

Neu galw **029 2036 8888** a gofyn am Shelagh / Or call **029 2036 8888** and ask for Shelagh