**PROFIAD GWAITH SESIWN CYNEFINO I&D**

Mae'r Ffurflen hon yn amlinellu'r hyn y dylid ei gynnwys o leiaf yn ystod cyfnod Sefydlu IaD lleol ar gyfer brofiad gwaith. Gellir ei ddiwygio i gymryd i ystyriaeth y trefniadau lleol sydd angen eu trafod. Dylai'r sawl sy'n darparu'r Sesiwn a'r person ifanc lofnodi'r Ffurflen gyda chopi yn cael ei gadw ar ffeil.

Fel rhan o'r broses hon dylai'r person ifanc gael ei friffio ar yr Asesiad Risg, cerdded o amgylch yr ardal y bydd yn gweithio ynddi a'i chyflwyno i staff a myfyrwyr eraill yn ôl yr angen.

**TREFNIADAU CYFFREDINOL**

|  |  |  |
| --- | --- | --- |
| **Pwnc** | **Wedi'i trafod / Esbonio** | **Wedi'i Gyflawni** |
| **Cysylltiadau Defnyddiol** | Manylion Goruchwylydd / Staff Allweddol / Staff Diogelwch |  |
| Gofyn am Gymorth / Adrodd Pryderon |  |
| **Lles** | Toiledau / Cegin / Amser Egwyl (os yn berthnasol) |  |
| **Gweithdrefnau Argyfwng** | Gweithredu mewn Tân / Larwm Tân |  |
| Llwybrau Allanfa Tân |  |
| Lleoliad Man Ymgynnull |  |
| Manylion y Swyddog Cymorth Cyntaf |  |
| Lleoliadau Bocs Cymorth Cyntaf |  |
| Manylion Cyswllt Argyfwng |  |
| Gweithdrefn Adrodd am Ddamweiniau / Digwyddiadau |  |

**Trefniadau IaD Penodol**

|  |  |  |
| --- | --- | --- |
| **Pwnc** | **Wedi'i trafod / Esbonio** | **Wedi'i Gyflawni** |
| **Amgylchedd Gwaith / Gwaith i'w Ymgymeryd** | Asesiad Risg – peryglon a rheolaethau |  |
| Trefniadau Goruchwyliaeth |  |
| Systemau Gwaith Diogel Penodol, PPE i'w wisgo ac ati. |  |
| Peiriannau / Offer **na ellir eu defnyddio** |  |
| Gweithgareddau **na ellir eu cyflawni** |  |
| **Ardaloedd mynediad cyfyngedig** |  |

**Datganiad**

|  |
| --- |
| *Datganaf drwy hyn fy mod wedi derbyn y wybodaeth uchod a chopi o’r Asesiad Risg fel rhan o’m Rhaglen Cynefino Iechyd a Diogelwch ac yn deall y wybodaeth a ddarparwyd:* |
| **Person Ifanc (Enw ac Arwydd):** |
| **Staff PB sy'n darparu sesiwn cynefino (Enw ac Arwydd):** |
| **Dyddiad:** |

**WORK EXPERIENCE H&S Induction**

This Form outlines what should be included as a minimum during a work experience local H&S Induction. It can be amended to take account of local arrangements that need to be discussed. Both, the person providing the Induction and the young person should sign the Form with a copy held on file.

As part of this process the young person should be briefed on the Risk Assessment, walked around the area they will be working and introduced to other staff and students as needed.

**General Arrangements**

|  |  |  |
| --- | --- | --- |
| **Subject** | **Covered / Explained** | **Complete** |
| **Useful Contacts** | Supervisor / Key Staff / Security Staff Details |  |
| Asking for Help / Reporting Concerns |  |
| **Welfare** | Toilets / Kitchen / Break Times (if applicable) |  |
| **Emergency Procedures** | Action in a Fire / Fire Alarm |  |
| Fire Exit Routes |  |
| Assembly Point Location |  |
| First Aider Details |  |
| First Aid Box Locations |  |
| Emergency Contact Details |  |
| Accident / Incident Reporting Procedure |  |

**Specific H&S Arrangements**

|  |  |  |
| --- | --- | --- |
| **Subject** | **Covered / Explained** | **Complete** |
| **Working Environment / Work to be Undertaken** | Risk Assessment – hazards and controls |  |
| Supervision Arrangements |  |
| Specific Safe Systems of Work, PPE to wear etc. |  |
| Machinery / Equipment **which may not be used** |  |
| Activities which **may not be undertaken** |  |
| **Restricted access areas** |  |

**Declaration**

|  |
| --- |
| *I hereby declare that I have received the above information and a copy of the Risk Assessment as part of my H&S Induction and understand the information that has been provided:* |
| **Inductee (Name & Sign):** |
| **BU Staff providing Induction (Name & Sign):** |
| **Date:** |