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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------|
| <b>Cyflogwr</b><br><b>Employer</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                      | Cardiff and Vale UHB                                                        |                                     |
| <b>Os yw'n wahanol i'r cyflogwr uchod, nodwch pa Adran Iechyd Galwedigaethol sy'n gyfrifol am ddarparu Cliriad</b><br><b>If different to employer above, please state which Occupational Health Department is responsible for providing Clearance?</b>                                                                                                                                                                                       |                                                                                                                                                                                                                                      | Click or tap here to enter text.                                            |                                     |
| <b>Teitl Swydd:</b><br><b>Job Title:</b>                                                                                                                                                                                                                                                                                                                                                                                                     | Specialist Physiotherapist                                                                                                                                                                                                           | <b>Adran/Ward Newydd:</b><br><b>New Department/Ward:</b>                    | Physiotherapy                       |
| <b>Band/Gradd:</b><br><b>Band/Grade:</b>                                                                                                                                                                                                                                                                                                                                                                                                     | Band 6                                                                                                                                                                                                                               | <b>Sylfaen/Lleoliad Newydd:</b><br><b>New Base/ Location:</b>               | UHW                                 |
| <b>Dyddiad Cychwyn Disgwyliedig:</b><br><b>Expected Start Date:</b>                                                                                                                                                                                                                                                                                                                                                                          | 24/06/2024                                                                                                                                                                                                                           | <b>Enw Rheolwr:</b><br><b>Manager Name:</b>                                 | Carole Jones                        |
| <b>Oriau:</b><br><b>Hours:</b>                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> <i>Llawr Amser</i><br>Full time<br><input checked="" type="checkbox"/> <i>Rhan Amser</i><br>Part time<br><input type="checkbox"/> <i>Arall: Nifer yr oriau /sesiynau</i><br>Other: Number of hours/sessions | <b>Cyfeiriad Ebst Rheolwr:</b><br><b>Manager Email Address:</b>             | Carole.jones8@wales.nhs.uk          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                      | <b>Clirio E-bost i'w anfon at:</b><br><b>Email Clearance to be sent to:</b> | recruitment.servicese@wales.nhs.uk  |
| <b>Contract:</b><br><b>Contract:</b>                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> <i>Parhaol</i><br>Permanent<br><input type="checkbox"/> <i>Dros Dro</i><br>Temporary<br><input type="checkbox"/> <i>Anrhydeddus</i><br>Honorary                                                  | <b>Cyfeirnod Swydd:</b><br><b>Job Reference Number:</b>                     | 001-AHP073-0424                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                      |                                                                             |                                     |
| <b>Beth yw gofynion penodol y rôl?</b><br><b>What are the specific requirements of the role?</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                      |                                                                             | <b>Please Tick all that apply</b>   |
| <i>Dim cyswllt â chleifion / mynediad i gleifion dros y ffôn/rhithwir</i><br><i>No patient contact / access to patients via telephone/virtual</i>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                      |                                                                             | <input type="checkbox"/>            |
| <i>Bydd y rôl yn cynnwys cyswllt / mynediad at gleifion / cyswllt â hylifau'r corff / meinwe</i><br><i>Role will involve contact / access to patients/ contact with body fluids/tissues</i>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                      |                                                                             | <input checked="" type="checkbox"/> |
| <b>Mae'r rôl angen cliriad ar gyfer Gweithdrefnau a allai arwain at gysylltiad (EPP)</b><br><i>Gweithdrefnau EPP yw'r gweithdrefnau hynny lle gall dwylo menig y gweithiwr ddod i gysylltiad ag offer miniog, blaen nodwyddau neu feinwe miniog (e.e. sbigylau o asgwrn neu ddannedd) y tu mewn i geudod corff agored, clwyf neu ofod anatomegol cyfyng lle mae'n bosibl na fydd y dwylo neu flaenau'r bysedd yn gwbl weladwy bob amser.</i> |                                                                                                                                                                                                                                      |                                                                             | <input type="checkbox"/>            |
| <b>Role requires clearance for Exposure Prone Procedures (EPP)</b><br><i>(EPP Procedures are those procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.)</i>                                  |                                                                                                                                                                                                                                      |                                                                             |                                     |

| <b>Beth yw gofynion penodol y rôl sydd angen gwyliadwriaeth iechyd?</b><br><b>What are the specific requirements of the role which require health surveillance?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Please Tick all that apply</b>                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Defnyddiwr Offer Sgrin Arddangos<br>Display Screen Equipment user                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                           |
| Sŵn (> nag 80dBa TWA)<br>Noise (> than 80dBa TWA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                           |
| Gweithwyr nos<br>Night workers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                           |
| Sensitifwyr anadlol, nodwch cyfrwng sensiteiddio::<br>Respiratory sensitisers, specify sensitising agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                           |
| Sensitifwyr croen, nodwch: latecs neu gyfrwng sensiteiddio arall::<br>Skin sensitisers, specify: latex or other sensitising agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                           |
| Dirgryniad Braich Llaw, nodwch offeryn dirgryniad::<br>Hand Arm Vibration, specify vibration tool:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                           |
| Ymbelydredd Ïoneiddio<br>Ionising Radiation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                           |
| Gweithio ar Uchder<br>Working at Heights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                           |
| Gweithio mewn Mannau Cyfyng (Mannau Cyfyng fel y'u diffinnir yn Neddf Mannau Cyfyng 1997: ystyr "man cyfyng" yw unrhyw le, gan gynnwys unrhyw siambr, tanc, cafn, seilo, pydew, ffos, pibell, carthffos, fflw, ffynnon neu le tebyg arall lle, oherwydd ei natur gaeedig, mae risg benodol y gellir ei rhagweld yn rhesymol)<br>Working in Confined Spaces (Confined spaces as defined in the Confined Spaces Act 1997: "confined space" means any place, including any chamber, tank, vat, silo, pit, trench, pipe, sewer, flue, well or other similar space in which, by virtue of its enclosed nature, there arises a reasonably foreseeable specified risk) | <input type="checkbox"/>                                           |
| Gyrru wagen fforch godi/craen<br>Driving a Forklift Truck/Crane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                           |
| Gwaith sy'n Hanfodol i Ddiogelwch sydd angen Golwg Lliw<br>Safety Critical Work Requiring Colour Vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                           |
| Gyrru cerbydau sy'n cludo teithwyr<br>Driving Passenger carrying vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                           |
| Gyrru Cerbydau Dosbarth 2 (HGV/LGV)<br>Driving Class 2 Vehicles (HGV/LGV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                           |
| Gyrru Golau Glas<br>Blue Light Driving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                           |
| Arall - nodwch yr asiant a'r math o wylidwriaeth:<br>Other - specify agent and type of surveillance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Contact patients/bodily fluids |