

Ticiwch yr holl flychau i gael dŵr potel os oes problem cyflenwad

- | | | |
|---|---|--|
| <input type="checkbox"/> Oed pensiwn | <input type="checkbox"/> Liffth risiau, teclyn codi, gwely trydanol | <input type="checkbox"/> Anhwylder datblygu |
| <input type="checkbox"/> Salwch cronig/difrifol | <input type="checkbox"/> Nam corfforol | <input type="checkbox"/> Iechyd meddwl |
| <input type="checkbox"/> Dibyniaeth feddygol ar gael cawod/bath | <input type="checkbox"/> Methu ag ateb y drws | <input type="checkbox"/> Teulu â phlant ifanc 5 oed ac iau |
| <input type="checkbox"/> Dibyniaeth ar ddŵr | <input type="checkbox"/> Anawsterau symud y dwylo | <input type="checkbox"/> Methu â chyfathrebu yn Saesneg |
| <input type="checkbox"/> Dyfais nebiwlyddio a monitor apnoea | <input type="checkbox"/> Dall | <input type="checkbox"/> Problemau aroglï/blasu |
| <input type="checkbox"/> Anhwylder y galon, neu'r ysgyfaint a chymorth anadlu | <input type="checkbox"/> Nam ar y golwg | <input type="checkbox"/> Presenoldeb person arall yn ddymunol |
| <input type="checkbox"/> Crynodydd ocsigen | <input type="checkbox"/> Nam ar y clyw (gan gynnwys byddar) | <input type="checkbox"/> Dros dro – newidiadau mewn bywyd |
| <input type="checkbox"/> System llinell gofal/teleofal | <input type="checkbox"/> Nam ar y lleferydd | <input type="checkbox"/> Dros dro – ymadfer ar ôl bod yn yr ysbyty |
| <input type="checkbox"/> Angen cadw meddyginiaeth yn oer | <input type="checkbox"/> Dialysis, pwmp bwydo a meddyginiaeth awtomatig | <input type="checkbox"/> Dros dro – preswlydd sy oedolyn ifanc (<18) |
| <input type="checkbox"/> Angen cyflenwad ocsigen | <input type="checkbox"/> Nam gwybyddol | |

Dyddiad gorffen

Pwy sydd angen y gwasanaeth?

- Deiliad y cyfrif I rywun arall yn yr eiddo h.y. , perthynas, ffrind neu gymydog. Dywedwch wrthym eu henw a'u cyfeiriad

- Ydyn nhw o dan 18 oed Ai chi yw'r rhiant/gofalwr?

Sut hoffech dderbyn eich bil neu gyfathrebu â ni?

- Mewn Braille, neu ar CD, neu ar ffurf MP3
- Mewn print bras – ticiwch pa faint 16 20 24
- Bil print bras ar gefndir lliw

Ticiwch i ddewis eich lliw

- Gwasanaeth Negeseuon Testun 18001 0800 052 0145

- Darllen eich bil i chi dros y ffôn

- Hoffwn gael cymorth i ddarllen fy mesurydd Hoffwn symud fy mesurydd

Y Cynllun Cyfrineiriau

Cofrestrwch gyfrinair unigryw i ni ei ddefnyddio pan fo angen ymweld neu gysylltu â chi fel eich bod chi'n teimlo'n ddiogel yn eich cartref.

Cyfrinair rhag galwyr ffug:

Os llenwch y ffurflen hon a'i dychwelyd yn nol i ni, byddwn yn cofnodi manylion ar ein Cofrestr Gwasanaethau Blaenoriaeth. Byddwn yn cysylltu â'r person cofrestredig o bryd i'w gilydd i wirio eich bod yn derbyn y gefnogaeth gywir ac moer hall manylion yn dal i fod yn gywir. Rhowch wybod i ni os bydd unrhyw un o'ch manylion personol neu'ch amgylchiadau'n newid neu os nod oes angen Gwasanaethau Blaenoriaeth mwyach. Gallwch wneud hyn trwy ymweld â'n gwefan: dwrcymru.com/go/my-household/priority-services i lenwi ffurflen syml ar-lein (dyma'r ffordd gyflymaf a hawsaf) neu trwy ffonio ni ar **0800 052 0145** rhwng 8am a 6pm ddydd Llun i ddydd Gwener. I gael mwy o wybodaeth ar sut rydym yn defnyddio'ch data, gweler ein Hysbysiad Preifatrwydd ar y ddolen hon neu gallwn anfon copi atoch: dwrcymru.com/go/legal-privacy/data-protection



Dŵr Cymru Welsh Water (PSR)
FREEPOST
SWC 5253
Cardiff
CF3 5GY

Priority Services Register
Gofrestr Gwasanaethau Blaenoriaeth



Free registration
—
Cofrestrwch
am ddim

Become
a Priority
Customer

Cofrestrwch
fel Cwsmer
Blaenoriaeth



For when you need a little extra help

You may be a parent with a young baby, a dialysis patient, have sight or hearing difficulties or are elderly or disabled.

By joining our Priority Services Register you can get extra help with:

- alternative ways of getting information
- bottled water if your supply is interrupted
- reassurance against bogus callers

You can register for yourself, your friends, family or neighbour.

Pan fo angen ychydig o gymorth ychwanegol arnoch

Efallai eich bod chi'n rhiant â phlentyn ifanc, yn cael triniaeth dialysis, bod gennych broblemau gyda'ch golwg neu'ch clyw, neu eich bod yn oedrannus neu'n anabl.

Trwy ymuno â'n Cofrestr Gwasanaethau Blaenoriaeth, gallwch gael cymorth ychwanegol gyda:

- ffyrdd eraill o dderbyn gwybodaeth
- dŵr potel os oes problem gyda'ch cyflenwad
- tawelwch meddwl rhag galwyr ffug

Gallwch gofrestru dros eich hun, eich ffrindiau, teulu neu gymydog.

Registration Form

Who do you wish to register for Priority Services?

Name: Date of birth:

Address:

Telephone number: Tenant or homeowner:

Email address:

Signature: Date:

Customer account number (this number appears on the top right of your water bill):

Sharing details

Please tick this box if you **do not** wish for us to share your details with organisations in your area such as utilities, emergency services, local authorities and health services who may be able to help you during an emergency.

Nominate someone to act on your behalf

Use this section to tell us the nominated person's details

Name of nominated person: Their relationship to you:

Their address:

Their telephone number: Their mobile phone number:

Nominee signature: If you want the nominated person to receive your bill and correspondence please tick this box

If you would like to find out more information about Power of Attorney go to www.gov.uk/government/organisations/office-of-the-public-guardian or phone 0300 456 0300.

Please tick all that apply to receive bottled water if supply is interrupted

- | | | |
|--|--|--|
| <input type="checkbox"/> Pensionable age | <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Chronic/serious illness | <input type="checkbox"/> Unable to answer door | <input type="checkbox"/> Families with young children 5 and under |
| <input type="checkbox"/> Medically dependent showering/bathing | <input type="checkbox"/> Restricted hand movement | <input type="checkbox"/> Unable to communicate in English |
| <input type="checkbox"/> Water dependent | <input type="checkbox"/> Blind | <input type="checkbox"/> Poor sense of smell/taste |
| <input type="checkbox"/> Nebuliser & apnoea monitor | <input type="checkbox"/> Partially sighted | <input type="checkbox"/> Additional presence preferred |
| <input type="checkbox"/> Heart, lung and ventilator | <input type="checkbox"/> Hearing impairment (inc. deaf) | <input type="checkbox"/> Temporary — life changes |
| <input type="checkbox"/> Oxygen concentrator | <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Temporary — post hospital recovery |
| <input type="checkbox"/> Careline/telecare system | <input type="checkbox"/> Dialysis, feeding pump & automated medication | <input type="checkbox"/> Temporary — young adult householder (<18) |
| <input type="checkbox"/> Medicine refrigeration | <input type="checkbox"/> Dementia(s)/Cognitive impairment | <input type="text" value="End date"/> |
| <input type="checkbox"/> Oxygen use | <input type="checkbox"/> Developmental condition | |
| <input type="checkbox"/> Stair lift, hoist, electric bed | | |

Who is the service needed for?

- For the account holder For someone else in the property ie. relative, friend or neighbour. Please tell us their name and address

- Are they under 18 Are you the parent/guardian?

How to receive your bill or communicate with us?

- In Braille, or On CD, or MP3
- In large print – please tick which size 16 20 24
- Large print bill with a coloured background
- Please tick your choice of colour
- Text Relay Service 18001 0800 052 0145
- Read your bill to you over the phone
- I would like help with reading my meter I would like to have my meter relocated

Password Scheme

Register an unique password for us to use when we need to visit or contact you, so that you feel safe in your home.

Bogus caller password:

If you fill in this form and return it to us, we will record any details on our Priority Services Register. We will contact the registered person from time to time to check that the right support is being received and all details are still up to date. Please let us know if any of the personal details or circumstances change or if Priority Services is no longer needed. You can do this by visiting our website: dwrcymru.com/priorityservices to complete a simple form online (this is the quickest and easiest way) or by calling us on 0800 052 0145 between 8am and 6pm Monday to Friday. For more information on how we use your data, please see our Privacy Notice at this link or we can send you a copy: <https://corporate.dwrcymru.com/en/legal-privacy/data-protection>

Ffurflen Gofrestri

Pwy ydych chi am gofrestri ar gyfer Gwasanauthau Blaenoriaeth?

Enw: Dyddiad geni:

Cyfeiriad:

Rhif ffôn: Tenant neu berchennog:

Cyfeiriad e-bost:

Llofnod: Dyddiad:

Rhif cyfrif y cwsmer (mae'r rhif yma'n ymddangos yng nghornel dde uchaf eich bil dŵr):

Rhannu manylion:

Ticiwch y blwch hwn os **na ydych** chi am i ni rannu manylion â sefydliadau yn yr ardal leol fel dyfleustodau eraill, gwasanaethau brys, awdurdodau lleol a gwasanaethau iechyd a allai cynorthwyo mewn argyfwng.

Enwch rywun i weithredu ar eich rhan

Defnyddiwch yr adran hon i rannu manylion y person am ei enwebu

Enw'r person a enwebir: Eu perthynas â chi:

Eu cyfeiriad:

Eu rhif ffôn: Eu rhif ffôn poced:

Llofnod y person a enwebir: Os ydych chi am i'r person a enwebir dderbyn eich bil a'ch gohebioeth, ticiwch y blwch yma

Os ydych am gael rhagor o wybodaeth am Atwrneiaeth ewch i www.gov.uk/government/organisations/office-of-the-public-guardian neu ffoniwch 0300 456 0300.