|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Appointment Request Form | | | | | | | | | A blue sign with white text  Description automatically generated with medium confidence | | |
| Form completed by: | | |  | | | | | |
| How did you hear of our service? | | |  | | | | | |
| Client Details | | | | | | | | | | | |
| Title |  | | | | | | Race | | Asian | |  |
| Name |  | | | | | | Black | |  |
| Email |  | | | | | | White | |  |
| Contact Number |  | | | | | | Mixed Race | |  |
| Age |  | | | | | | Other | |  |
| Gender |  | | | | | | Prefer not to say | |  |
| Address & Postcode |  | | | | | | Disability  *Please select from list if you consider yourself to have a disability* | | Mental Health | |  |
| Physical (incl. mobility) | |  |
| Sensory | |  |
| Cognitive | |  |
| Other | |  |
| Prefer not to say | |  |
| Matter Details | | | | | | | | | | | |
| Area of Law | | Family Law | |  | | Welfare Benefits | |  | | Domestic Violence |  |
| Employment | |  | | Debt | |  | | Immigration/Asylum |  |
| Housing | |  | | Discrimination | |  | | Community Care |  |
| Public and Admin Law | |  | | Other – please specify: | | | |  | |
| Issue summary  *Please include as much detail as possible, consider the below:*   * Any important dates * Actions taken * Client’s objectives * If an employment case: name of employer and date of dismissal * If a family matter: incl. names of other parties involved | |  | | | | | | | | | |
| Any known deadlines pending: | |  | | | Previous legal advice/assistance obtained: | | | |  | | |
| Client Support | | | | | | | | | | | |
| Any Special Arrangements required for appointment? | |  | | | Interpreter needed? *If yes, in which language?* | | | |  | | |
| If you are currently being supported by a caseworker or other support-giving individual and wish for them to be present during your appointment, please provide the details of this individual here, so that they can be contacted prior to the appointment. | | | | | | | | | | | |
| Name: | |  | | | Email: | | | |  | | |
| Organisation / Relationship to client: | |  | | | | | | | | | |
| To complete the form, please read the information and sign on the following page, thank you | | | | | | | | | | | |

Information about Swansea Law Clinic

Swansea Law Clinic does not charge for its services. However, you should be aware of the following:

* You may be eligible for publicly funded help and representation to pursue or defend your claim.
* Swansea Law Clinic can advise you on how to find a solicitor who may be able to obtain such assistance for you. If you are eligible to receive assistance, you may be liable to pay a contribution. You may also be liable to repay your costs from any money or property recovered.
* If you decide to pursue court or tribunal proceedings, you may be ordered to pay the costs of your opponent if you lose your case.
* Swansea Law Clinic recommends that you check your insurance policies for legal expenses cover.

Swansea Law Clinic has insurance cover provided by the University’s Insurers. If the Law Clinic has been negligent in the handling of your case, you would be covered by this insurance and we would be under a duty to advise you of the possibility of a claim were such circumstances to arise.

By signing this form, I am consenting to Swansea Law Clinic storing sensitive personal information about me. This information will be used for the purposes of advising me and will only be seen by members of the Law Clinic’s staff, Student Advisers, Clinic volunteer solicitors or our auditors (AQS). Anonymised client data will also be used for research purposes including the LawWorks Better Information Project.

This information will be retained for a period no longer than six years.

If a remote (Zoom) appointment is taking place, a recording will be taken of the Zoom meeting. This recording will only be used to ensure that we make an accurate record of the meeting on our case management system and will only be seen by Swansea Law Clinic staff/Volunteers. The recording will be retained for three weeks after the meeting before being deleted.

By signing this form, I am also consenting to the above, named, support individual being present during any appointment I may have with the Law Clinic [if applicable].

We understand signing this form may be difficult. We will accept an electronic printed name and return of this form to the Law Clinic email address ([lawclinic@swansea.ac.uk](mailto:lawclinic@swansea.ac.uk)) as proof of signature and consent.

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Please sign here:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ffurflen Gais Trefnu Apwyntiad i Gleientiaid | | | | | | | | | A blue sign with white text  Description automatically generated with medium confidence | | |
| Ffurflen wedi’i Chwblhau gan: | | |  | | | | | |
| Sut Glywsoch chi am ein glinig? | | |  | | | | | |
| Manylion Cleient | | | | | | | | | | | |
| Teitl |  | | | | | | Hil | | Asiaidd | |  |
| Enw |  | | | | | | Du | |  |
| Cyfeiriad Ebost |  | | | | | | Gwyn | |  |
| Rhif Ffôn |  | | | | | | Hil Gymysg | |  |
| Oed |  | | | | | | Arall | |  |
| Rhyw |  | | | | | | Well beidio dweud | |  |
| Cyfeiriad & Cod Post |  | | | | | | Anabledd  *Dewiswch o’r rhestr os ydych yn ystyried bod gennych anabledd* | | Iechyd meddwl | |  |
| Gorfforol (Gan Gynnwys Symudiad) | |  |
| Synhwyraidd | |  |
| Gwybyddol | |  |
| Arall | |  |
| Well beidio dweud | |  |
| Manylion y fater | | | | | | | | | | | |
| Maes y gyfraith | | Cyfraith Teulu | |  | | Bydd-daliadau lles | |  | | Trais yn y Cartref |  |
| Cyflogaeth | |  | | Dyled | |  | | Mewnfudo / Lloches |  |
| Tai | |  | | Gwahaniaethu | |  | | Gofal Cymunedol |  |
| Gyfraith Gyhoeddus a Gweinyddol | |  | | Arall – Nodwch: | | | |  | |
| Crynodeb o’r mater  *Cynhwyswch gymaint o fanylion â phosibl, gan ystyried yn isod:*   * Dyddiadau pwysig * Camau a gymerwyd * Amcanion y cleient * Achosau cyflogaeth: enw’r cyflogwr a dyddiad y diswyddiad * Achosau teuluol: enwau’r partïon eraill | |  | | | | | | | | | |
| Unrhyw derfynau amser hysbys: | |  | | | Cyngor/cymorth cyfreithiol blaenorol a dderbyniwyd: | | | |  | | |
| Cefnogaeth cleient | | | | | | | | | | | |
| Unrhyw drefniadau arbennig sydd eu hangen? | |  | | | Angen cyfieithydd?  *Os felly, ym mha iaith?* | | | |  | | |
| Os ydych chi’n cael eich cefnogi ar hyd o bryd gan weithiwr achos neu gan unigolyn sy’n rhoi cefnogaeth, ac yn dymuno iddynt fod yn bresennol yn ystod eich apwyntiad, rhowch fanylion yr unigolyn hwn isod, fel y gellir cysylltu a nhw cyn yr apwyntiad. | | | | | | | | | | | |
| Enw: | |  | | | Cyfeiriad E-bost: | | | |  | | |
| Sefydliad/ perthynas i’r cleient: | |  | | | | | | | | | |
| I gwblhau’r ffurflen gais, darllenwch drwyddo a’i lofnodi ar y dudalen ganlunol, os gwelwch yn dda | | | | | | | | | | | |

Gwybodaeth am Glinig y Gyfraith Abertawe

Nid yw Clinig y Gyfraith Abertawe yn codi tâl am ei wasanaethau. Fodd bynnag, dylech fod yn ymwybodol o'r canlynol:

* Efallai y byddwch yn gymwys i gael cymorth a chynrychiolaeth a ariennir yn gyhoeddus i ddilyn neu amddiffyn eich cais.
* Gall Clinig y Gyfraith Abertawe eich cynghori ar sut i ddod o hyd i gyfreithiwr a allai gael cymorth o'r fath i chi. Os ydych chi'n gymwys i dderbyn cymorth, efallai y byddwch chi'n atebol i dalu cyfraniad. Efallai y byddwch hefyd yn atebol i ad-dalu'ch costau o unrhyw arian neu eiddo a adferwyd.
* Os penderfynwch fynd ar drywydd achos llys neu dribiwnlys, efallai y cewch orchymyn i dalu costau eich gwrthwynebydd os byddwch chi'n colli'ch achos.
* Mae Clinig y Gyfraith Abertawe yn argymell eich bod yn gwirio'ch polisïau yswiriant i gael costau treuliau cyfreithiol.

Mae gan Glinig y Gyfraith Abertawe yswiriant a ddarperir gan Yswirwyr y Brifysgol. Os yw Clinig y Gyfraith wedi bod yn esgeulus wrth drin eich achos, byddech yn dod o dan yr yswiriant hwn a byddem dan ddyletswydd i'ch cynghori ynghylch y posibilrwydd o hawliad pe bai amgylchiadau o'r fath yn codi.

Trwy lofnodi'r ffurflen hon, rwy'n cydsynio i Glinig y Gyfraith Abertawe storio gwybodaeth bersonol sensitif amdanaf. Defnyddir y wybodaeth hon i fy nghynghori a dim ond aelodau o staff Clinig y Gyfraith, Cynghorwyr Myfyrwyr, gyfreithwyr gwirfoddol neu hawchwilwyr (AQS) y Clinig fydd yn ei gweld. Bydd data cleientiaid dienw hefyd yn cael ei ddefnyddio at ddibenion ymchwil, gan gynnwys y ‘LawWorks Better Information Project’. Bydd y wybodaeth hon yn cael ei chadw am gyfnod (uchafswm) o chwe blynedd.

Os ydy apwyntiad ar-lein (Zoom) yn cymrud lle, cymerir recordiad o'r cyfarfod Zoom. Dim ond i sicrhau ein bod yn gwneud cofnod cywir o'r cyfarfod ar ein system rheoli achos y bydd y recordiad hwn yn cael ei ddefnyddio, a dim ond staff/gwirfaddolwyr Clinig y Gyfraith Abertawe fydd yn ei weld. Bydd y recordiad yn cael ei gadw am dair wythnos ar ôl y cyfarfod cyn ei ddileu.

Trwy lofnodi'r ffurflen hon, rwyf hefyd yn cydsynio i'r unigolyn cymorth uchod, a enwir, fod yn bresennol yn ystod unrhyw apwyntiad a allai fod gennyf gyda Chlinig y Gyfraith [os yw'n berthnasol].

Rydym yn deall y gallai llofnodi'r ffurflen hon fod yn anodd os ydych yn lenwi'r ffurflen hon ar gyfrifiadur. Byddwn yn derbyn enw wedi'i deipio'n electronig yn y blwch isod ac eich dychwelyd y ffurflen hon i e-bost Clinig y Gyfraith ([lawclinic@swansea.ac.uk](mailto:lawclinic@swansea.ac.uk)) fel prawf llofnod a chydsyniad.

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Llofnodwch yma: