

**Rainbows Ireland**

**Enrolment Form for Bereavement – Primary**

**\*Effective from November 2021**

## Important Information for Parents/Guardians to consider before completing this enrolment form

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| **An Introduction to Rainbows** * Rainbows provides group support for children and young people following a death or parental separation.
* Rainbows provides a safe listening space to begin to understand the impact of the death.
* Rainbows does not provide counselling.
* Attending the programme provides children and young people with an opportunity to meet others of a similar age and similar experience.
* No notes/diagnosis/analysis/advice is undertaken. It is not an individual one to one programme.
* Rainbows makes every effort to support parents/guardians enrolling their child in the Rainbows programme to make an informed decision on the suitability of the group support for their child. A Rainbows Programme Guide is provided.
* Group support does not suit all children at all times. Sometimes, this only becomes apparent following the commencement of the programme. Rainbows will contact parents if this happens.
* Rainbows Ireland adheres to all guidelines set down by ***Children and Young people First National Guidance 2017.***
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**Bereavement Groups:** The Rainbows programme focuses on the identification and expression of feelings and not on individual loss experiences. As a result of this process, group members in Rainbows Bereavement Groups may meet other group members with different loss experiences – bereavement as a result of many natural causes, terminal illnesses, suicide, accidents and other causes. Group members will also meet other group members who come to Rainbows as a result of the death of a parent/guardian, brother, sister, grandparent, friend or other significant person.

**Please tick that you have read the above information:**

In compliance with data protection, your contact details are for use by Rainbows Ireland and their agents and will not be shared with a third party. You may ‘opt out’ to receiving such information at any future time. All information and documentation concerning this application can be shared with employees and agents of Rainbows Ireland

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| --- | --- | --- |
| For office use only:  | Date received: |  |
| Notes:  |

**Bereavement Enrolment: Group Member Information**

|  |  |
| --- | --- |
| **Name of child** |  |
| **Postal address** |  |
| **Date of birth** |  |
| **Class level** |  |
| **Teacher**(for school-based programmes only) |  |

By providing the contact details below, you consent to be contacted by Rainbows Ireland in relation to the delivery of the programme**. You will receive pre and post evaluations to your email. You may opt out at any time.**

|  |  |  |
| --- | --- | --- |
|  | **Parent /Guardian** | **Parent /Guardian** |
| **Full name \*required** |  |  |
| **Email address \*required** |  |  |
| **Mobile number** **\* required** |  |  |
| **Postal address****\* required** |  |  |

**To help us support your child please complete the following:**

Who has died belonging to your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was it a sudden death? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did the person die? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was it a death in tragic circumstances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you would like us to know in relation to your child’s bereavement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick** to confirm that your child is no longer attending any additional service connected with the death at the time of this enrolment application. 

***Note****: A child attending another service in relation to the death cannot be enrolled in Rainbows at the same time*

**Please tick** to confirm that if your child attended another support service - that there is a minimum 3 month’s time frame before attending Rainbows

Does your child have any additional needs that the Rainbows team needs to be aware of while they are attending the group sessions?

Yes No

If YES, please specify any issue that needs to be brought to the attention of the Rainbows team for the duration of your child’s attendance on the programme.

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***Please note that volunteers will not be in a position to administer any form of prescribed medication.***

Does your child follow any religious and/or cultural beliefs that you would like us to be aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else that you would like us to know about your child?

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**Emergency Contact Information:**

Please provide names and numbers of 1 person, 2 if possible, other than the parents/guardians who have permission to **collect your child from each session** and/or can be contacted in the case of an emergency. **Note: Persons may be asked to provide proof of ID.**

Your child will only be permitted to leave with one of the two named people below:

|  |  |  |
| --- | --- | --- |
|  | **Person 1** | **Person 2** |
| **Name** |  |  |
| **Mobile Number** |  |  |
| **Relationship to your child** |  |  |

**Please read all statements and tick all boxes to confirm that you have read and understood each statement.**

|  |  |
| --- | --- |
| **Statement of parent/guardian applying for Rainbows programmes:**  | **Please tick**  |
| I request for my child to have a place on the Rainbows programme |  |
| I understand the programme is to facilitate peer group support of bereavement,i.e. that Rainbows is **not** professional counselling. |  |
| I have discussed with my child the purpose of attending the Rainbows programme. |  |
| My child has agreed to participate in the programme. |  |
| I understand that Rainbows cannot control/limit or restrict, in any way, what is shared by group members in the group. |  |
| I understand if my child’s bereavement is as a result of suicide, that professional supports need to have been undertaken before attending Rainbows group support. |  |
| I understand that specific feedback is not given on my child’s participation in the Rainbows programme. |  |
| I understand that any Rainbows materials used by my child are part of the programme and are not available to a child to be brought outside the group on programme conclusion. |  |
| I have read the Rainbows Programme Guide. I understand the limits of the service and understand that Rainbows Ireland cannot be deemed responsible for needs that cannot be met by attending the programme. |  |
| I understand that all the Rainbows Programmes adhere to the Child Protection Policy and Procedures, in accordance with *Children and Young people First: National Guidance for the Protection and Welfare of Children and Young people 2017.* |  |

**Final Declaration: Please read, tick and confirm that you agree with the following:**

|  |  |
| --- | --- |
| The information I have written on this enrolment form is true and accurate to the best of my knowledge, information and belief. |  |
| I understand that this form is not a guarantee of a place on the programme for my child and that the peer group support depends on sufficient numbers (minimum 4) of a similar age being available to form the groups. |  |

Signature: \_ Date:

Signature: \_ Date:

For the duration of the Covid-19 pandemic, please complete the attached Covid -19 Health Check for your son/daughter and return to Rainbows Coordinator on the first day of the Rainbows Programme.