

**Rainbows Ireland**

**Enrolment Form for Separation/Divorce**

**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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**Please note:**

* It is the policy of Rainbows Ireland that one parent/guardian may apply to the Rainbows programme and submit the Enrolment Form.
* The signature of both parents/guardians is required for their child to attend the programme, except where waivers apply (see page 5).

**Separation/Divorce groups:** The Rainbows programme focuses on the identification and expression of feelings. As a result of this process, group members may meet, among others, many different situations and arrangements including: children and young people living in two homes, children and young people under supervised access with a parent/guardian, children and young people living with grandparents, children and young people in joint custody arrangements, parents/guardians living in the same house but separated, children and young people in step families, children and young people with same sex parents/guardians, children and young people whose parents/guardians are separated and one of them in prison, children and young people in voluntary or State care.

**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

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

**Separation/Divorce 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 pot 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:**

Is there anything you would like us to know in relation to your child’s separation/divorce?

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

***Note****: A child attending another service in relation to the parental separation 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.***

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(s)/guardian(s) 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 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.* |  |
| I understand participation in the Rainbows programme is not to be utilised or reliedupon in relation to court or other family law proceedings. |  |
| 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 per group) of a similar age being available to form the groups. |  |

**Important Information:**

The signature of **both parents/guardians is normally required**.

Unless the other parent is not a legal guardian, or a waiver listed below applies.

**Rainbows Ireland do not accept any responsibility for any dispute in this matter between parents/ guardians.**

A letter of presumed consent can be obtained from the Rainbows Coordinator. Proof of postage/email is required and should be attached to this application.

**Waivers:**

One signature is acceptable in the following circumstances outlined below.

**Please tick relevant option**

|  |  |
| --- | --- |
|  I confirm that I am the **sole legal** guardian of this child. |  |
|  A court order – that dispenses with the consent of one parent/guardian.  Please attach a copy to this form in an envelope marked ‘Private’. |  |
|  Parent/Guardian uncontactable, either directly or indirectly, or whereabouts unknown. |  |

**Final Declaration:**

|  |  |
| --- | --- |
|  | Please tick:  |
| I understand that this form and any other attached documents, may be made available to either parent/guardian if requested, in joint custody/guardianship situations. Rainbows will provide such information without further consultation. |  |

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_certify that all information is true and accurate, and I understand that I am solely and legally responsible for the information on this form.**

Rainbows Ireland cannot be held responsible for any false declarations made on this enrolment form

**All sections of this form must be completed in full for this enrolment application to be considered for a place on the programme.**

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.