



Rainbows Ireland

Participant Application Form for Parental Separation/Divorce

*Effective from September 2017

Important Information for Parents to consider before completing this application form

The Rainbows service is an inclusive service open to children and young people experiencing grief and loss resulting from bereavement/parental separation/parental relationship breakdown/divorce.

- Rainbows provides peer group support for children experiencing grief and loss as a result of bereavement and parental separation. Rainbows is a listening service only. Rainbows is not a counselling service. Attending the programme provides children with an opportunity to meet with other children of a similar age and loss experience. No notes/diagnosis/ analysis/advice is undertaken. It is not an individual one to one programme.
- It is Rainbows policy in parental separation/relationship breakdown that children need to be aware of the decision to separate and experience the impact of this decision for a minimum period of 3 months before attending a programme. It is not necessary that any formal legal proceedings have commenced.
- It is Rainbow policy that the signature of both parents is required for their child to attend the programme. See page 6 for when this is waived.
- The Rainbows programme is not a preparation for an impending decision to separate or divorce.
- Rainbows Ireland makes every effort to support parents enrolling their child in the Rainbows programme to make an informed decision on the suitability of the service for their child/children.
- Parents/guardians are strongly advised that the group support of the Rainbows programme is not suitable for all children at all times.

Some parents make an informed decision that the peer group support being offered as part of the Rainbows Service, will not suit their child/children at a particular time. Group support does not suit all children at all times. Sometimes this only becomes apparent following the commencement of the programme.

Parents may be contacted and informed:

- That it would be in their child's best interests at this particular time to discontinue from the programme.
- Or following completion of the programme, parents/guardians may be advised to contact their GP for further advice.

Rainbows adhere to all guidelines set down by *Children First National Guidance 2015*.

For office use only:

Date of Application:

Participant Information:

Child's Name	
Address:	
Date of Birth	
Class Level	
Teacher (Applicable to school based prog. only)	

Parent/Guardian Information:

	Parent /Guardian	Parent /Guardian	Other e.g. Social Worker
Name			
Postal Address			
Mobile Number			
Email Address			

Data Protection: In compliance with data protection, your contact details are for use by Rainbows Ireland and their agents only and will not be passed on to any third party organizations. You may also elect to "opt out" of receiving such information at any future time.

Email and Phone contact:	Yes	No
Please tick to indicate that you agree to receive updates, times, dates and information by text or phone call about your child's attendance at the Rainbows programme.		
Rainbows Ireland is funded by TUSLA, in order to continue receiving funding Rainbows Ireland has to be able to show that we are valuable service. Please tick to show that you agree to receive evaluation forms of your experience of the service by email or text message.		
Please tick to indicate that you agree to receive any future information by email or text message from Rainbows National Office about the service, e.g. newsletters and service information.		

Personal information:

Circle the relevant option and complete further information in writing as required.

Has your child attended Rainbows before? Yes No

If 'yes', when? _____

Where did they attend Rainbows previously? _____

Separation Loss:

Groups for separation and divorce

The Rainbows programme focuses on the identification and expression of feelings and not on individual losses. As a result of this process, participants may meet, among others, many different situations and arrangements including: children living in two homes, children under supervised access with a parent, children living with grandparents, children in joint custody arrangements, parents living in the same house but separated, children in step families, children with same sex parents, children whose parents are separated and one of them in prison, children in voluntary or State care.

Please tick that you have read this information

Other Information:

Has your child attended any other service in relation to their loss? Yes No

If yes, what was the service and the nature of the service?

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.

Please note that children cannot be attending two services at the one time

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

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

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.

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

Emergency Contact Information:

Please provide the names of **two people** who can be contacted in your unexpected absence or in case of emergency:

	Emergency Contact 1	Emergency Contact 2
Name		
Mobile Number		

Please provide names and numbers of 3 people who have permission to collect your child from each session. Your child will **only** be permitted to leave if one of the three named people below*.

	Person 1	Person 2	Person 3
Name			
Mobile Number			
Relationship to your child			

*If your child is walking home alone following a Rainbows session, without being accompanied by an adult, a letter stating this permission must accompany this application

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

Statement	Please tick
I request a place for my child on the Rainbows programme.	
I understand the programme is to facilitate listening support in relation to parental separation and divorce i.e. that Rainbows is not professional counselling.	
I understand that the programme is for children who have been made aware of the decision to separate and that it is suitable only when the impact of that decision has been experienced in the life of a child for a minimum of three months.	
I have discussed with my child the purpose of attending the Rainbows programme.	
My son/daughter has agreed to participate in the programme.	
I understand that Rainbows cannot control, limit or restrict in any way what is shared by participants in a 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 understand that Rainbows Ireland has made every effort to inform me, as a parent/guardian, of the scope and limits of the service and thus cannot be deemed responsible for needs that cannot be met by attending the programme.	
I understand participation in the Rainbows programme is not to be utilised or relied upon in relation to court or other family law proceedings.	

Final Declaration:

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

I understand that this form is not a guarantee of a place on the programme for my child.	
I understand that the peer group support depends on sufficient numbers (minimum 4 per group) of a similar age being available to form the groups.	

The signature of both parents is required, however, it is waived under the following circumstances: Please tick as required:

Court Order	
Contact that would put child/family at risk	
Parent/Guardian uncontactable or whereabouts unknown	

By ticking this box, I certify that all information is true and accurate and I understand that I am solely responsible for the information on this form.	
I also understand that this form may be made available to either parent if requested, in joint custody/guardianship situations.	

Rainbows Ireland cannot be held responsible for any false declarations made on this application.

Signature: _____

Date: _____

Signature: _____

Date: _____