



## Rainbows Ireland Participant Application Form for

### Bereavement and Loss

\*Effective from September 2017

#### Important Information for Parents to consider before completing the 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 counseling service. Attending the programme provides children with an opportunity to meet 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 following bereavement that a minimum of three months after the bereavement is needed before attending the programme.
- The Rainbows Programme is not a preparation for a loss that is anticipated.
- 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 may not be suitable for all children at all times.
- The service is not and cannot be considered as a first response for any bereavement/loss and in particular for more traumatic loss experience e.g. murder, violent crime, car/farm accident and suicide.

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:**

**Comments:**

**Participant Information:**

<b>Child's Name</b>	
<b>Address:</b>	
<b>Date of Birth</b>	
<b>Class Level</b>	
<b>Teacher (Applicable to school based programmes only)</b>	

**Parent/Guardian Information:**

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

**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.

<b>Email and Phone contact:</b>	<b>Yes</b>	<b>No</b>
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 must 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? \_\_\_\_\_

**Bereavement Loss:**

**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, participants in Rainbows Bereavement Groups may meet other participants with different loss experiences – bereavement as a result of many natural causes, terminal illnesses, suicide, accidents and other causes. Participants will also meet other participants who come to Rainbows as a result of the death of a parent, brother, sister, grandparent, friend or other significant person.

Please tick that you have read the above information

What is the child's relationship to the deceased?

\_\_\_\_\_

**Please note:**

- It is important that your child has an understanding of the nature of the death for their participation in the programme.
- Rainbows will not support or facilitate any misinformation given to a child
- Rainbows will not take on the role of telling a child the details of a death

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

\_\_\_\_\_

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**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?

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**Please tick to confirm that your child is no longer attending any additional service connected with the loss 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.

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

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

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**Emergency Contact Information:**

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

	<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>
<b>Name</b>		
<b>Mobile Number</b>		

Please provide names and numbers of 3 people who have permission to collect your child from each session.

Please be aware your child will only be permitted to leave if one of these three named people collects them. \*

	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>
<b>Name</b>			
<b>Mobile Number</b>			
<b>Relationship to your child</b>			

**\*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 for my child to have a place on the Rainbows programme.	
I understand the programme is to facilitate peer group support of bereavement and loss, i.e. that Rainbows is <b>not</b> professional counselling.	
I understand that the programme is post bereavement and that it is suitable <u>only</u> when the loss 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 a wide variety of loss experiences in relation to bereavement may be shared in a group and that Rainbows cannot control/limit or restrict, in any way, what is shared by participants 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 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.	

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

The information I have written on this 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	
I understand 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: \_\_\_\_\_

*\*Two signatures are required, except in the case of a one parent family or were a parent has died.*