

Rainbows Ireland Enrolment Form for Bereavement – Young People and Teenagers

*Effective from May 2020

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

The Rainbows service supports young people and teenagers experiencing grief and loss resulting from bereavement.

- Rainbows provides peer group support for young people and teenagers experiencing grief and loss as a result of bereavement. Rainbows is a listening service only. Rainbows is not a counselling service. Attending the programme provides young people and teenagers with an opportunity to meet others 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 recommended 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/guardians enrolling their son/daughter in the Rainbows programme to make an informed decision on the suitability of the service for their son/daughter. A Rainbows Programme Guide is provided.
- Parents/Guardians are strongly advised that the group support of the Rainbows programme may not be suitable for all young people and teenagers 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/guardians make an informed decision that the peer group support being offered, as part of the Rainbows Service, will not suit their child/children and young people at a particular time. Group support does not suit all children and young people at all times. Sometimes this only becomes apparent following the commencement of the programme. Rainbows reserves the right to make a decision when these circumstances apply.

- Parents/Guardians may be contacted during or after the programme if the programme may not be meeting the needs of a young person at a particular time.

OR

- Following completion of the programme, parents/guardians may be advised to contact their GP for further advice, or be signposted to another service.

Rainbows Ireland adheres to all guidelines set down by *Children and young people First National Guidance 2017*.

Bereavement Enrolment – Group Member Information:

Name	
Address	
Date of Birth	
Class Level	
Teacher/Tutor (Applicable to school based prog only)	

Parent/Guardian Information:

	Parent /Guardian	Parent /Guardian
Name		
Postal Address		
Mobile Number		
Email Address		

By providing the contact details above, you consent to be contacted by Rainbows Ireland in relation to the delivery of the programme. Rainbows Ireland is funded by TUSLA. In order to continue receiving funding Rainbows Ireland has to be able to show that we are a valuable service. We may contact you (before and/or after the programme) to evaluate how beneficial you found the programme for your child/children and young people.

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 organisations. 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.

Personal information:

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

Has your son/daughter 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, 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

What is relationship to the deceased?

Please note:

- It is important that your son/daughter 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 young person.
- Rainbows will not take on the role of telling a young person the details of a death.

Is there anything else you would like us to know in relation to your son/daughter's bereavement?

Other Information:

Has your son/daughter attended any other service in relation to their loss? Yes No

If **YES**, what was the service and the nature of the service?

Please note that young people and teenagers cannot be attending two services at the one time and that there is a general 3 month time frame between children and young people attending Rainbows after other supports.

Please tick to confirm that your son/daughter is no longer attending any additional service connected with the loss at the time of this enrolment application.

Does your son/daughter 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 Facilitators 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 son's/daughter's attendance on the programme.

Does your son/daughter 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 son/daughter?

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

Statement of Parent/Guardian applying for enrolment:	Please tick
I request my son/daughter 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 not professional counselling.	
I have discussed with my son/daughter 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 group members in the group.	
I understand if my son's/daughter's bereavement is as a result of suicide, that professional support needs to have been undertaken before attending Rainbows group support.	
I understand that specific feedback is not given on my son's/daughter's participation in the Rainbows programme.	
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.	

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 son/daughter 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: _____