



## Rainbows Ireland Enrolment Form for Separation/Divorce – Young People & Teenagers

\*Effective from May 2020

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

- It is Rainbow policy that **one parent/guardian may apply to the Rainbows programme and submit this Enrolment Form, but the signature of both parents/guardians is required for their child to attend the programme.** See page 6 for when this is waived.
- Rainbows provides peer group support for children and young people 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 and young people with an opportunity to meet with other children and young people 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 and young people need to be aware of the decision to separate and to have experienced the impact of this decision. A minimum of 3 months is recommended before attending the programme. It is not necessary that any formal legal proceedings have commenced.
- The Rainbows programme is not a preparation for an impending decision to separate or divorce.
- Rainbows Ireland makes every effort to support parents/guardians enrolling their child in the Rainbows programme to make an informed decision on the suitability of the service for their child/children and young people. A Rainbows Programme Guide is provided.
- Parents/Guardians are strongly advised that the group support of the Rainbows programme is not suitable for all children and young people at all times.

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 child at a particular time

**OR**

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

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

**Separation/Divorce: Group Member Information:**

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

**Parent/Guardian Information:**

	<b>Parent /Guardian</b>	<b>Parent /Guardian</b>
<b>Name</b>		
<b>Postal Address</b>		
<b>Mobile Number</b>		
<b>Email Address</b>		

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? \_\_\_\_\_

**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 this information     

**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 cannot be attending two services at the one time and that there is a general 3 month time frame between 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 parental separation 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 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 son's/daughter's attendance on the programme.

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Is there anything else that you would like us to know about your son/daughter?

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**Emergency Contact Information:**

Please provide the names of **two people, agreed by both parents/guardians**, who can be contacted in either parents/guardians unexpected absence or in case of emergency:

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

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 6).

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

Statement of parent(s)/guardian(s) applying for enrolment:	Please tick
I request a place for my son/daughter 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 <b>not</b> 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 a group.	
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.	
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 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 son/daughter and that the peer group support depends on sufficient numbers (minimum 4 per group) of a similar age being available to form the groups.	
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**The signature of both parents/guardians is normally required, unless the other parent is not a legal guardian or another of the listed waiver conditions outlined below applies.**

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

**A parent/guardian can be helped to secure the other parent/guardian signature by requesting a copy of a standard letter from the centre coordinator, which can then be sent by them for this purpose. Proof of postage is required and should be attached to this enrolment application.**

**The need for both signatures is waived under the following circumstances:**

**Please tick as required:**

I confirm that I am the <u>sole legal guardian</u> of this young person.	
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.	

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

**Signed: \_\_\_\_\_**

<b>All sections of this form must be completed in full for this enrolment application to be considered for a place on the programme.</b>
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<b>Rainbows Ireland cannot be held responsible for any false declarations made on this enrolment form.</b>
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_