

## Rainbows Application Form

Parent Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

*(This applies only if this is a school site)*

Has your child attended RAINBOWS before? If so when: \_\_\_\_\_

What is the nature of your child's loss? Please ✓ as appropriate:

Bereavement  Separation/Divorce  Other  Please Specify: \_\_\_\_\_

\_\_\_\_\_ How long since the loss? \_\_\_\_\_

If your child has been bereaved, what is the child's relationship to the deceased?

Has your child experienced other losses, e.g. pets, friends, other family members, home:

Please include any relevant/medical information:

Names of **two people** who can be contacted in your unexpected absence or in case of emergency )

1 Name and Mobile No.: \_\_\_\_\_

2 Name and Mobile No.: \_\_\_\_\_

Who has permission to collect your child from each session?

I request that my child could have a place on the Rainbows programme being offered at your site. I understand the programme is to support bereavement and loss, that it is not professional counselling. I have discussed with my child the purpose of attending the Rainbows Programme. My son/daughter has agreed to participate in the programme.

Please note: Re Separation and Divorce, it is in the child's best interest that both parents/guardians are consulted and sign their permissions.

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

Parent/Guardian

**Please attach any other relevant information on a separate sheet**