

## Rainbows Participant Application Form

***If you have any difficulty filling out this form please contact the Coordinator at your local Rainbows***

Parent/guardian name: \_\_\_\_\_

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

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_  
(This applies only if this is a school site)

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Has your child attended Rainbows before? Yes ☐ No ☐

If 'yes', when? \_\_\_\_\_

Where did they attend Rainbows previously? \_\_\_\_\_

What is the main reason for this application? Please ✓ as appropriate

Bereavement ☐ Separation/divorce ☐

If the application is in relation to bereavement, what is the child's relationship to the deceased?

\_\_\_\_\_

Has your child received age-appropriate factual information on the nature of the bereavement? Yes ☐ No ☐

If the answer is no, please explain further

\_\_\_\_\_  
\_\_\_\_\_

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In relation to your child's loss, please consider if any of the following are being experienced by your child over a very long time and are inhibiting the normal routine of their everyday life.

- Aggressive behaviour and/or destroying property
- High levels of anxiety that interferes with everyday life
- Complaints of physical symptoms that interfere with everyday life, e.g. stomach complaints, headaches etc.
- Significant social withdrawal from interaction with family and friends
- Refusal to go to school
- Self-harming or wishing to die

Initially, children and young people experiencing a more traumatic loss, e.g. suicide, murder, car accidents, may need one to one support with a professional counsellor/ therapist, before attending a Rainbows programme.

Rainbows is not a counselling service. Please understand that Rainbows is a listening service. Rainbows may not be suitable to meet the needs of your child at this particular time.

If you have concerns or worries as indicated above please consult with your GP to check the suitability of group support for your child at this time.

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

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

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Please confirm that your child is no longer attending this service as children can only attend one service at a time Yes ☐ No ☐

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Has your child any additional special needs that we should be aware of, for example, any allergies (e.g. nut allergy), needs to use an inhaler, diabetes, epilepsy, etc. If yes, please specify:

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Is there anything else that we need to know about your child?

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

1. Name and mobile number: \_\_\_\_\_

2. Name and mobile number: \_\_\_\_\_

**Names and numbers of three people who have permission to collect your child from each session:**  
***(Please note that your child will only be permitted to leave if one of these three named people collects them).***

1. \_\_\_\_\_ Number: \_\_\_\_\_

2. \_\_\_\_\_ Number: \_\_\_\_\_

3. \_\_\_\_\_ Number: \_\_\_\_\_

**Please note: 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.**

I request that my child could have a place on the Rainbows programme being offered at your site.

I understand the programme is to facilitate peer support of bereavement and loss, i.e. 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.

I understand that feedback is not given on my child's participation in the Rainbows programme.

I understand that the Rainbows materials used by my child are part of the programme and cannot be requested to be brought home.

I understand that there may be different bereavement losses in the bereavement groups.

The signature of one parent/guardian only is required. However, in the case of separation and divorce it is in the child's best interest that both parents/guardians are consulted and agree on their child's attendance.

If this application is in relation to parental separation and Rainbows is made aware of the objection of other parent or guardian your child may not be able to attend the Rainbows programme.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact phone numbers: \_\_\_\_\_

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

**Rainbows adheres to all guidelines set down by *Children First National Guidance 2011*.**

**Please Note:**

**Bereavement Groups**

The Rainbows programme focusses on the identification and expression of feelings and not on individual loss experiences. As a result of this process, participants in Rainbows Bereavement Groups will 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.

**Groups for separation and divorce**

The Rainbows programme focusses on the identification and expression of feelings and not on individual losses. As a result of this process, participants will meet others from many different situations and arrangements – children who have no contact with one parent, 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.