

Expression of Interest Form for Rainbows Group support

(The Enrolment Form will be emailed by the coordinator in advance of programme start date)



Supporting Children and Young People with Bereavement and Parental Separation

Child(ren) /Young person's Name: _____

Date of Birth: _____

Applying Parent/Guardian name: _____

Applying Parent/Guardian mobile number: _____

Applying Parent/Guardian email address: _____

Another Parent/Guardian name: _____

Other Parent/Guardian mobile number: _____

Other Parent/Guardian email address: _____

Date of Expression of Interest: _____

Please tick which group support you require for your son/daughter:

Separation:

Bereavement:

Expression of Interest Form should be emailed to:

The Rainbows Coordinator will be in touch with you in due course to enrol you son/daughter.

Any further questions about the Rainbows service, please email ask@rainbowsireland.ie

For more information:

