

Rainbows Application Form 2017
“BECAUSE IT DOESN'T NEED TO HURT FOREVER”

Rainbows is a support group for children who have suffered a significant loss in their lives through bereavement, parental separation or any painful transition. It is available for children as young as 5 years of age. There is **no** charge.

This programme is NOT a counselling session or therapy for children. It is strictly a peer support group, facilitated by trained and caring adults. Facilitators will assist children articulate their feelings through the use of journals, story books, games and activities in a safe and confidential environment.

The programme will be take place in Allen parish in January 2017 over a 12 week period.

When something significant happens in a family, the entire family is affected. If a parent dies or parents separate or a painful loss occurs, not only do the parents grieve, the children do also. Children find it difficult to verbalise their feelings of grief because of their age and inexperience. It may surface in their behaviour, schoolwork and emotional well-being. Rainbows is a support group that helps children put feelings into words, work through their grief, build a stronger sense of self esteem and begin to adapt to what has taken place in the family.

If you require more information on the programmes above, please contact ;
Olive Heuston RAINBOWS Co-Ordinator Allen @ 0861541952 or
www.rainbowsireland.com

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RAINBOWS

Name of Child: _____ Age: _____

Name of Parent/Guardian: _____

Address: _____

Tel: _____

School: _____ Class: _____

Has your child attended RAINBOWS before? If so when and where?

What is the nature of your child' s loss? Please **circle** the following as appropriate:

Bereavement Separation/Divorce Other

(Please feel free to add any information that will help us help your child)

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 . However, we know that this may not be always possible.

Signature: _____ Date: _____

**PLEASE RETURN THIS FORM TO THE PRINCIPAL IN
A SEALED ENVELOPE BY FRIDAY 18th NOVEMBER
2016**