

Expression of Interest Form for Rainbows Group support

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



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:

