

Rainbows Ireland

Research Enrolment Form for Bereavement - Secondary

**Effective from January 2024 – August 2024*



Dear Parents/Guardians,

Rainbows Ireland is carrying out an evidence-based research process from January 2024 to August 2024 with an organisation called CES (Centre for Effective Services). We ask you to help us with this research by scanning the QR code/or address below to read the information and complete a form.



The Centre
for Effective
Services

Evaluation of Rainbows Ireland Groups

Parent/guardian pre-support questionnaire

We are asking parents/guardians to complete two short questionnaires, one *before* your child attends their first group and one *after* your child attends their last group. The first questionnaire for parents/guardians can be accessed by scanning the QR code below:



Or by entering the following address into the web browser on a phone, tablet, or laptop:

<https://forms.office.com/e/sgPBvMnzZH>

If you have any questions about this research, you can contact Dr Caroline Rawdon.

Email: crawdon@effectiveservices.org Phone: 0871511349

It is important that you scan the QR code and complete the form above before your child/young person starts Rainbows.

We also ask you here to tick if you agree to your son/daughter completing a short feedback form.

No identifiable information will be asked.

Yes I am happy for my child to complete the evaluation questionnaire and for the completed questionnaire to be shared with the Centre for Effective Services for the purpose of this evaluation.

No I do not want my child to participate in this evaluation.

Bereavement Enrolment:

Name:	
Postal Address:	
Date of Birth:	
Class Level:	

By providing the contact details below, you consent to be contacted by Rainbows Ireland in relation to the delivery of the programme. You will receive an evaluation form in your email after the programme. **You may opt out at any time.**

	Parent /Guardian	Parent /Guardian
Full name: <i>*required</i>		
Email address: <i>*required</i>		
Mobile number: <i>*required</i>		
Postal address: <i>*required</i>		

To help us support your son/daughter, please complete the following:

Who has died belonging to your son/daughter?

When did the person die?

What has your son/daughter been told about the death?

Does your son/daughter follow any religious and/or cultural beliefs that you would like us to be aware of?

Is there anything else you would like us to know in relation to your son/daughter's bereavement?

Please tick to confirm that your son/daughter is not attending any additional service connected with the death at the time of this enrolment application.

Note: A child attending another service in relation to the death **cannot** be enrolled in Rainbows at the same time.

About Rainbows

- ➡ Rainbows provides group support for children and young people following a death.
- ➡ Rainbows provides a safe listening space to begin to understand the impact of the death.
- ➡ Rainbows does not provide counselling.
- ➡ Attending the programme provides children and young people with an opportunity to meet others of a similar age and similar experience.
- ➡ Attending the programme provides children and young people with an opportunity to meet others of a similar age and have a similar experience.
- ➡ No notes/diagnosis/analysis/advice is undertaken. It is not an individual one-to-one programme.
- ➡ It is not an individual one-to-one programme.
- ➡ Rainbows makes every effort to support parents/guardians enrolling their child in the Rainbows programme to make an informed decision on the suitability of the group support for their child. A Rainbows Programme Guide is provided.
- ➡ Group support does not suit all children at all times. Sometimes, this only becomes apparent following the commencement of the programme. Rainbows will contact parents if this happens.
- ➡ Rainbows Ireland adheres to all guidelines set down by **Children and Young people First National Guidance 2017**.

Please Note: Bereavement Groups: The Rainbows programme focuses on the identification and expression of feelings and not on the cause of the death. As a result of this process, group members in Rainbows Bereavement Groups may meet other group members with different bereavement experiences – bereavement as a result of many natural causes, terminal illnesses, suicide, accidents and other causes. Group members will also meet other group members who come to Rainbows as a result of the death of a parent/guardian, brother, sister, grandparent, friend or other significant person

Please tick that you have read the above

Please read all statements and tick all boxes to confirm that you have read and understood

Statement of parent(s)/guardian(s) applying for Rainbows programmes:	Please ✓
I request my child to have a place on the Rainbows programme.	<input type="checkbox"/>
I understand the programme is to facilitate peer group support of bereavement, i.e. that Rainbows is not professional counselling or therapy.	<input type="checkbox"/>
I have discussed with my child the purpose of attending the Rainbows programme.	<input type="checkbox"/>
My son/daughter has agreed to participate in the programme.	<input type="checkbox"/>
I understand that Rainbows cannot control/limit or restrict, in any way, what is shared by group members in the group.	<input type="checkbox"/>
I understand that many different bereavements can present in the group	<input type="checkbox"/>
I understand that specific feedback is not given on my child's participation in the Rainbows programme.	<input type="checkbox"/>
I understand that any Rainbows materials used by my child are part of the programme are not available to be brought outside the group on programme conclusion.	<input type="checkbox"/>

I have read the Rainbows Programme Guide. I understand the limits of the service and understand that Rainbows Ireland cannot be deemed responsible for needs that cannot be met by attending the programme.	<input type="checkbox"/>
I understand that all the Rainbows Programmes adhere to the Child Protection Policy and Procedures, in accordance with Children and Young people First: National Guidance for the Protection and Welfare of Children and Young people 2017.	<input type="checkbox"/>

Signature:	Date:

Signature:	Date:

*In compliance with data protection, your contact details are for use by **Rainbows Ireland** and their agents and will not be shared with a third party. You may 'opt out' to receiving such information at any future time. All information and documentation concerning this application can be shared with employees and agents of Rainbows Ireland*