**Expression of Interest Form (Bereavement loss)**

**Shannon Family Resource Centre.**

**(Official Enrolment Form will follow)**

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_

**Rainbows Centre Name:** Shannon Family Resource Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applying Parent/Guardian name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applying Parent/Guardian mobile number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applying Parent/Guardian email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Expression of Interest:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Further Information:*

**The Rainbows Coordinator can be contacted with any questions you may have on**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_087 1232489\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please leave your contact details and the coordinator will get back to you. Please speak slowly when leaving your contact number.

*(This is a Rainbows phone and is checked for calls regularly)*

**Expression of Interest Form should be returned to:**

Cathal Dillon,

Shannon Family Resource Centre,

Rineanna View Community Building,

Rineanna View, Shannon, Co Clare.

V14 XV97 Or via email cathaldsfrc@gmail.com