

Rainbows Ireland

Research Enrolment Form for Separation/Divorce - 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.

Name:	
Postal Address:	
Date of Birth:	
Class Level:	
Teacher (For school-based programmes only)	

Please note:

- ➔ It is the policy of Rainbows Ireland that the signature of both parents/guardians is required.
- ➔ A separate enrolment form may be signed by each parent/guardian if required (if contact details are available).
- ➔ By providing the contact details below, you consent to be contacted by Rainbows Ireland in relation to the

delivery of 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>		

Emergency Contact Information:

Please provide the names and numbers of **1 person, 2 if possible, other than parents/guardians** who have permission to **collect your child from each session** and/or can be contacted in case of an emergency.

Note: Persons may be asked to provide proof of ID.

Your child will only be permitted to leave with one of the two named people below:

	Person 1	Parent /Guardian
Name:		
Mobile Number:		

Note: It is the policy of Rainbows Ireland that either parent can sign in and/or collect their child/children unless information in writing is submitted to the contrary.

Please tick to confirm that your son/daughter is not attending another service (e.g. Play therapy, Art Therapy, CAMHS) in relation to the parental separation at the time of this application.

Note: Attending another service in relation to the parental separation cannot be enrolled in Rainbows at the same time

<i>Is there anything that you would like us to know about your son/daughter?</i>

Please note: Separation/Divorce groups: The Rainbows programme focuses on the identification and expression of feelings. Group members may meet, among others, many different situations and arrangements including: children and young people living between two homes, children and young people under supervised access with a parent/guardian, children and young people living with grandparents, children and young people in joint custody arrangements, parents/guardians living in the same house but separated, children and young people in new families, children and young people with same sex parents/guardians, children and young people whose parents/guardians are separated and/or one of them in prison, children and young people in voluntary or foster care.

Please tick that you have read the above

About Rainbows

- ➡ Rainbows provides group support for children and young people following parental separation/divorce/relationship breakdown.
- ➡ Rainbows provides a safe listening space to begin to understand the impact of family change.
- ➡ Rainbows does not provide counselling.
- ➡ 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.
- ➡ 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 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 in relation to parental separation/divorce. i.e., that Rainbows is not professional counselling/therapy.	<input type="checkbox"/>
I have discussed with my son/daughter 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 specific feedback is not given on participation in the Rainbows programme.	<input type="checkbox"/>
I understand that any Rainbows materials used by my son/daughter are part of the programme and are not available to be brought outside the group at the 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"/>
I understand participation in the Rainbows programme is not to be utilized or relied on in relation to court or other family law proceedings.	<input type="checkbox"/>
I understand that this form is not a guarantee of a place on the programme and that peer group support depends on sufficient numbers (minimum 4 per group) of a similar age being available to form the groups.	<input type="checkbox"/>

Important Information:

The signature of both **parents/guardians is required** up to the age of **16 years**. This can be done using separate Enrolment forms for each parent. *Unless one parent is not a legal guardian, or a waiver listed below applies.*

Rainbows Ireland do not accept any responsibility for any dispute in this matter between parents/guardians.

Waivers:

One signature is acceptable in the following circumstances outlined below.

Please tick relevant option

	Please ✓
I confirm that I am the sole legal guardian of this child.	<input type="checkbox"/>
A court order - that dispenses with the consent of one parent/guardian. Please attach a copy to this form in an envelope marked 'Private'.	<input type="checkbox"/>
Parent/Guardian not contactable, either directly or indirectly, or whereabouts unknown.	<input type="checkbox"/>

Final Declaration:

	Please ✓
I understand that this form and any other attached documents, may be made available to either parent/guardian if requested, in joint custody/guardianship situations. Rainbows will provide such information without further consultation.	<input type="checkbox"/>

I _____ **certify that all information is true and accurate, and I understand that I am solely and legally responsible for the information on this form.**

Rainbows Ireland cannot be held responsible for any false declarations made on this enrolment form

All sections of this form must be completed in full for this enrolment application to be considered for a place on the programme.

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