



Supporting Children and Young People with
Bereavement and Parental Separation

Expression of Interest Form for Glasnevin ETNS

**(Official Enrolment Form will be distributed by the Programme Coordinator
in advance of programme start date.)**

Name of child/young person: _____

Date of birth: _____

Class Level: _____

Rainbows Centre Name: _____

Applying Parent/Guardian name: _____

Applying Parent/Guardian mobile number: _____

Applying Parent/Guardian email address: _____

Date of Expression of Interest: _____

Please tick which program you require for your son/daughter:

Separation:

Bereavement:

For Further Information:

The Rainbows Coordinator (Aoife Cotter or Caroline Farrell) can be contacted with any questions you may have on:

rainbows@get.ie

Expression of Interest Form should be returned to:

rainbows@get.ie

The Rainbows Coordinator will be in touch with you in due course to enrol you son/daughter in the programme.

Any further questions about the Rainbows service, please email ask@rainbowsireland.ie