



Supporting Children and Young People with
Bereavement and Parental Separation

Expression of Interest Form for Virginia College

(Official Enrolment Form will follow)

Child's Name: _____

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 child:

Separation:

Bereavement:

For Further Information:

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

rainbows@virginiacollege.ie or contact the school reception and request a call back from the Rainbows Coordinator

Expression of Interest Form should be returned to:

rainbows@virginiacollege.ie or dropped into the reception

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