



## Expression of Interest Form

**Child's Name:** \_\_\_\_\_

**Age and date of birth:** \_\_\_\_\_

**Class Level:** \_\_\_\_\_

**Loss type** (please circle as appropriate):      Bereavement                  Parental Separation

**Rainbows Centre Name:** \_\_\_\_\_

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

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

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

**Date of expression of Interest:** \_\_\_\_\_

**Further Information:**

A Parent Information meeting will be held on \_\_\_\_\_ (insert date) at  
\_\_\_\_\_ (venue name).

Attendance of one parent/guardian is required at this Parent Information meeting, however it is advisable that both parents attend or speak/meet with the Rainbows Coordinator  
\_\_\_\_\_ (insert name).

The Rainbows Coordinator can be contact on \_\_\_\_\_ (insert phone number).

**For office use only:**

<b>Date received in Office</b>		
<b>Date of Follow up call</b>		
<b>Attending Parent Information meeting (Circle As appropriate:</b>	<b>Yes</b>	<b>No</b>
<b>Other notes/comments:</b>		