Dear Students and Parents/ Carers,

Rainbows is a peer support and leadership program for students who have suffered a significant loss in their life. When a change takes place in a family, whether it is death, divorce or separation, or any other significant loss e.g. parents working away (FIFO), physical/ mental health issues, it has a profound effect on the whole family. Young people, as well as adults, grieve over significant life changes as well as the loss of loved ones who were once part of their everyday lives.

Rainbows is not a counselling service. It is small group work, consisting of approximately 4 to 8 students and one adult facilitator. The program runs during school time for 1 period/ week for 12 weeks, plus a Celebrate Me Day.

Expressions of interest to register for new groups commencing in Term 3, 2015 are now open. Please note closing date for registration is Thursday 11 June 2015. This is to allow for initial assessments to be conducted in time for the anticipated commencement for early Term 3.

If you are interested please return the reply slip below to Mrs Hicks directly or either via Paschal Centre reception or confidential post box in the PC. If you would like more information please feel free to contact me on 9920 0526 or email hicks.taryn@ncc.wa.edu.au

Yours sincerely,

Mrs Taryn Hicks
College Counsellor
Rainbows Coordinator and Facilitator

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**Parent Expression of Interest**

I, __________________________ (Parent/ Carer name) am interested in my son/ daughter __________________________ (Student Name) being part of the Rainbows program commencing in Term 3, 2015.

I have discussed this with my son/ daughter (please circle): Yes / No

Parent Signed: __________________________ Date: __________________________

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**Student Expression of Interest**

I, ______________________________ (student name), Year _____, am interested in being part of the Rainbows Program commencing in Term 3, 2015.

I have discussed this with my parent/s / carers (please circle): Yes / No / Will Do

Request for parents/ carers to be contacted by Mrs Hicks (please circle): Yes/ No & Mum/ Dad/ Both/ Other

Student Signed: __________________________ Date: __________________________

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