

Rainbows Facilitator Training Booking Form



Part A: Facilitator Booking Form - Page 2

Please complete the booking form by clicking the QR Code or the link below:



or <https://forms.office.com/e/sAW3KGqZiS?origin=lprLink>

***If you don't have access to the device please complete the hard copy of the form, PAGE 2**

Part B: Declaration Form - Pages 3-4

Form to be printed and signed by a School Principal or a Programme Centre Manager (original signature required) Post the signed form to:

**Rainbows Ireland
National Office,
Unit 11, Michael Galvin Building,
Base Enterprise Centre,
Damastown Road,
Mulhuddart,
Dublin 15,
D15 C668**

Part C: Garda Vetting Invitation Form NVB1 – Pages 5-8

Please print the Garda Vetting Invitation form NVB1 and follow the instruction to complete it.

Part D: Payment €50 for full 4 days training.

Please click on the link to process the payment <https://rainbowsireland.ie/facilitator-payment>

Part E: Data Protection Statement – Pages 9- 10

NOTE: We cannot confirm the place on the training until we have received the signed form at the National Rainbows Office.

Part A: Facilitator Booking Form

***Please complete, if you don't have access to the device.**



Applicant's Details

1. First Name
2. Last Name
3. Email Address, you'd like us to use to send the Zoom link and PowerPoint slides for the training
4. Mobile Number
5. Address, including Eircode, you'd like us to post the Handouts for training
6. Occupation
7. Name of the Centre/School
8. Address of the Centre/School, Eircode only
9. Please specify **YES** or **NO**

Have you trained as a Rainbows Facilitator in the Past? ☐ Yes ☐ No

Are you employed by the Programme Centre? ☐ Yes ☐ No

Are you a Volunteer at the Programme Centre? ☐ Yes ☐ No

Did you attend Rainbows as a Child? ☐ Yes ☐ No

Are you able to attend all 4 days of training? ☐ Yes ☐ No
10. Enter the training number you wish to attend

Part B: Declaration Form

Applicant Full Name:

Declaration by the Centre Director:

I, the Centre Director, (i.e. Manager/Principal) have followed all Rainbows Ireland recruitment policies and procedures.

I am satisfied that the above person is suitable to the role of Rainbows Facilitator at our Programme Centre.

I also hold on record, copies of Proof of Identity and proof of current address for the purpose of Garda Vetting for this volunteer as required under law, The National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Centre Director (manager/principal) signature:

Printed Signature:

Date:

Final Declaration by Facilitator:

- I confirm that I am over 21 years of age.
- I confirm that I have not experienced a bereavement of an immediate family member and/or a personal separation/divorce in the last 2 years.
- I commit to work in this role for the minimum duration of four programmes.
- I understand that I am not a fully trained Rainbows Facilitator until I have fully undertaken Rainbows training and facilitated four programmes.
- I understand that I am also committing to attend Rainbows Ireland CPD
- I understand that being a trained Rainbows Facilitator does not deem me to be qualified to take on any other role in relation to providing support or working one to one with children or young people.
- I fully commit to my role and responsibility as a Facilitator in relation to the Child Protection policy and procedures of Rainbows Ireland and in relation to Children's First Act 2015

Applicant signature:

Date:

Confidentiality Agreement for all Rainbows Facilitators

Confidential information means any information of a sensitive or private nature or not know to the general public, which is received by me during my time as facilitator, concerning Rainbows or Rainbows Meetings.

In consideration of my acceptance by Rainbows as a facilitator, I agree to the following:

1. I agree that I will not at any time, either during my or after my work as a facilitator with Rainbows, communicate or disclose confidential information to any person or agency, except at Rainbows Ireland direction or by order of the court of law.
2. At Rainbows request, or on termination of my work as a facilitator, I agree to return to Rainbows or my employer/ line manager/agency which sponsored my training, all documents and materials containing confidential information.
3. I agree not to use confidential information for my benefit or the benefit of any other person or agency, expect at Rainbows direction.
4. I agree to follow the Children First National Policy and that of my Organisation and Rainbows Ireland in the even of a safeguarding issue presenting for a child during Rainbows Peer Support.
5. The right, duties and obligations of facilitators, the Rainbows organisation and the validity and legal effect of this agreement shall be governed and determined by the laws of Ireland.
6. In case of doubt, I will assume that the information is confidential unless and until advised otherwise.

Facilitator Declaration:

As a facilitator I have read and understood the above declaration on confidentiality and agree to work within these agreements. I will maintain the confidentiality of person, sensitive or confidential information. I will discuss such information within the Rainbows Organisation only if it is appropriate or necessary to do so in my role as a facilitator.

- I will not mention names or other details of people in Rainbows or of children who participant in Rainbows Programmes in conversation with anyone outside of Rainbows.
- I will respect all aspects of Rainbows Copyright of the Rainbows materials and will not use any part of the Rainbows programme outside of a Rainbows group.
- I will not use or furnish to a third party any part of the Rainbows programme.
- I will use the Rainbows programme for group support only
- I understand as a Facilitator am not trained to give one-to-one support within this role
- I understand that I will never facilitate a group with mixed losses –bereavement groups with parental separation groups.

Signed by Facilitator:

Date:

Part C: Garda Vetting Invitation Form NVB1

Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following before completing this form.

Miscellaneous

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.

The Form should be completed in ball point pen.

Photocopies will not be accepted.

All applicants will be required to provide documents to validate their identity.

If the applicant is under 18 years of age, a completed NVB 3 - Parent/Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent/Guardian. This being the case, the applicant must provide their Parent/Guardian Email address on the NVB 1 form.

Personal Details

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.

Please allow one digit per box for your contact number.

The Current Address means the address you are now living at.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations

Role Being Vetted For

The role being applied for must be clearly stated. Generic terms such as 'Volunteer' will not suffice.

Declaration of Application

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.

Rainbows Ireland Garda Vetting Invitation Form NVB1

Rainbows Ireland are authorized to vet all Rainbows Ireland volunteers. Rainbows Ireland is required to have sight of an applicant's proof of identity prior to submitting their Vetting Application to the National Vetting Unit.

Accepted Documentation Table:

<u>Photo Identification</u>	<u>Please Tick</u>
Passport from country of citizenship	
Irish Driving Licence or Learner Permit (new credit card format)	
Irish Certificate of Naturalisation	
National Identity Card (EU/EEA/Swiss Citizens)	
<u>Proof of Address</u>	<u>Please Tick</u>
Bank Statement from a recognised bank (not private money lenders or Revolut)	
Building Society Statement	
Credit Union Statement	
Credit Union Passbook	
Utility Bill (i.e. gas, electricity, television, broadband, waste & TV licence – issued within the last 6 months) – NOT A MOBILE PHONE BILL	
Correspondence from government departments	
Letter from Local Council confirming residency	

Please tick this box to verify that you have no pending convictions: ☐

If you have pending convictions, please briefly outline the nature of the conviction.

Prior to completing your vetting application form, please enter details in the fields below.

These details will not be provided to the National Vetting Bureau but will be used by Rainbows Ireland to track your vetting application.

Your Full Name:	
Your Mobile Number:	
Your Personal Email:	
Rainbows Role you are applying for:	Rainbows Facilitator
Name of Rainbows Centre: (School's name, FRC's name, etc)	
Name of Programme Centre Director: (Manager, Principal, etc)	

Documentation Requirements for Overseas Residence

If you have lived abroad for one year and one day or longer after the age of 18, (working or not), you must provide a **certified copy** of a Certificate of Criminal Clearance **for each country** where you have lived for one year and one day or longer with your application. If you obtained police clearance for a country some time ago and have not returned to live in that country, you may submit a certified copy of that document.

Please contact the embassy /consulate for the relevant country for details on how to obtain a certificate of criminal clearance. If you are unable to secure a certificate of criminal clearance for a particular country, please contact us via email at admin@rainbowsireland.ie or by phone **01 473 4175**

Rainbows Ireland
National Office,
Unit 11, Michael Galvin Building,
Base Enterprise Centre,
Damastown Road,
Mulhuddart,
Dublin 15,
D15 C668



Your Ref:

Form NVB 1 Vetting Invitation

Section 1 – Personal Information

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s):	
Middle Name:	
Surname:	
Date Of Birth:	
Email address:	
Contact Number:	
Role Being Vetted For:	Rainbows Ireland Facilitator

Current Address:	
Line 1	
Line 2	
Line 3	
Line 4	
Line 5	
Eircode/Postcode	

Section 2 – Additional information

Name of Organisation:	Rainbows Ireland
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I have provided documentation to validate my identity as required *and* I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. **Please tick box** ☐

Applicant's Signature:

Date: / /

NVB1 & Identity Document Validation Form

Section 1: Photographic ID

Is the photographic document, being relied upon, current and not expired? [] Yes [] No

Is the photograph on the document a true likeness for the vetting subject? [] Yes [] No

Is the photograph of high quality and clear? [] Yes [] No

Is the date of birth on the document matching the date provided on the NVB1 form? [] Yes [] No

Is the name on the document exactly matching the name provided on the NVB1 form? [] Yes [] No

Section 2: Proof of Address

Is the address document dated within six months of the consent date? [] Yes [] No

Is the address on the proof of address document matching the address provided on the NVB1 Form? [] Yes [] No

Is the vetting subject's name included on the proof of address document? [] Yes [] No

Is the document acceptable as proof of address document, as per Identity Document Schedule? [] Yes [] No

Section 3: NVB1 Form

Is the NVB1 form dated and signed by the vetting subject? [] Yes [] No

Is the role accepted to be relevant work or activity? [] Yes [] No

Is the consent box ticked? [] Yes [] No

Section 4: Document Confirmation

I have physically seen and retained a copy of the following documents: **[Please check all that apply]**

Completed NVB1 Form (original) [] Yes [] No

Photographic ID Passport [] Driving License [] National ID Card [] [] Yes [] No

Document Reference No. _____

Proof of address [] Yes [] No

If you have answered NO to any of the above questions the vetting subject has not met the criteria to continue with the vetting process

Section 5: Validator Information

Validator's Name (PRINT NAME): _____

Validator's Signature: _____

Date of Validation: _____

Note: Please return this form to the above-named organisation. An invitation to the e-vetting website will then be sent to your Email address.

PART E: Rainbows Ireland Data Protection Statement

Please read and understand the Data Protection Statement below carefully before submitting this form.

Data Protection Statement

This Data Protection Statement sets out how Rainbows Ireland CLG and Rainbows Register Centres collectively referred to as “Rainbows”, “Joint Controllers”. “we”, “us” or “our” will process personal data including any sensitive/special category data (“Personal Data”) you provide in order to facilitate the management of this training application and coordination of training programmes.

When you apply to attend a Rainbows training programme the Personal Data that you provide will be held by one or more of the following entities (each is a “Data Controller”)

- Rainbows Ireland CLG
- Rainbows Registered Centres (please see www.rainbowsireland.ie for a full list)

Role as Joint Controllers

Each entity shall be responsible, as joint Controllers, for its own processing of the Jointly Controlled Personal Data in accordance with Data Protection Laws, including the General Data Protection Regulation (GDPR).

The entities jointly determine the purpose and means of Processing of the Jointly Controlled Personal Data.

Categories of Personal Data Processed

We may collect and process the following categories of personal data:

- Identification data (e.g., name, date of birth, address, contact details, photographic ID)
- Employment or business details (if applicable)
- Communication records (e.g., emails, messages)
- Technical data (e.g., IP addresses, cookies, website usage)

Purpose and Legal Basis for Processing

In order to collect, use, share, and otherwise process your information for the purposes described in this statement, we rely on a number of legal bases, some of which are mentioned above, including where:

- Necessary to perform a contract we have with you, and to provide the Services.
- You have consented to the processing (in which case you may withdraw your consent at any time).
- Necessary for us to comply with a legal obligation.
- Necessary to protect your vital interests, or those of others.
- Necessary in the public interest.
- Necessary for the purposes of Rainbows’ legitimate interests, for example for marketing, improving or developing the Services and keeping the Services safe and secure, provided that those interests are not overridden by your interests or fundamental rights and freedoms.

Security and Disclosure of your Personal Data

Rainbows undertakes to maintain your personal data in secure conditions with appropriate technical and organisational measures to protect it from unauthorised access or use.

The personal data you provide may be disclosed to third parties if we are under a duty to disclose or share your personal data in order to provide our service, comply with any legal or regulatory obligation or request or to perform a public function.

International Data Transfers

We will ensure that Personal Data and Special Categories of Personal Data shared will not be transferred or processed outside the European Economic Area (EEA) without first ensuring the appropriate safeguards, as those set out in Chapter V of the GDPR, are in place.

Data Retention

We retain personal data only for as long as necessary for the purposes outlined in this statement and in compliance with legal obligations. Data will be securely deleted when no longer required.

For Public/Schools Centres & Stand-Alone Centres National Vetting Bureau forms are retained in hard copy for a period of six months from the form submission date. and then shredded.

Your Rights

As an individual, under EU law you have certain rights to apply to us to provide information or make amendments to how we process personal data. These rights apply in certain circumstances and are set out below:

- The right to access Personal Data relating to you ('access right').
- The right to rectify/correct Personal Data relating to you ('right to rectification').
- The right to object to processing of Personal Data relating to you ('right to object').
- The right to restrict the processing of Personal Data relating to you ('right to restriction').
- The right to erase/delete Personal Data relating to you (i.e., the 'right to erasure').
- The right to 'port' certain Personal Data relating to you from one organisation to another ('right to Personal Data portability').

Contact Us

If you want to exercise your rights (described above), or if you have any questions about this statement, please contact our Data Protection Officer on the contact details below.

Laura Curtin

Data Protection Officer

Rainbows Ireland Ltd Email: privacy@rainbowsireland.ie

Telephone: +353 (0)86 8537043

Updates to this Statement

We may update this Data Protection Statement periodically. Any changes will be communicated appropriately.

This statement was last updated on August 29th, 2025.