

## NAMI Smarts for Advocacy 2017 Training Application

### Training Location: KIRKLAND, WA

Evergreen Hospital

### 3-Day Training Schedule

Friday October 13, 2017	8:30am- 5:30 pm
Saturday October 14, 2017	8:30am- 5:30 pm
Sunday October 15, 2017	8:30am- 5:30 pm

### **What is the NAMI Smarts for Advocacy program?**

NAMI Smarts for Advocacy is a popular advocacy training program that helps people living with mental illness, friends and family members transform their passion and lived experience into grassroots advocacy. Whether you're new to advocacy or have years of experience, the step-by-step, skill-building design of NAMI Smarts will help make you a stronger mental health advocate. Participants often share that they've never been able to condense their story or make a clear "ask." NAMI Smarts provides the tools to do just that. You will come out of the course confident and able to share your story in a way that moves policymakers.

### **What will you learn at the NAMI Smarts for Advocacy program?**

The ability to reach policymakers with a brief and compelling story is at the core of *NAMI Smarts for Advocacy*. This modular, practice-based program helps individuals and family members affected by mental illness to tell their story and make an impact through grassroots advocacy.

The NAMI Smarts curriculum provides everything necessary to teach six modules:

1. **Telling Your Story:** Skill building to hone lived experience with mental illness into brief testimony with key messages and a public policy "ask".
2. **Contacting Your Policymaker:** Skill building to create and deliver effective written and verbal communication to policy makers.
3. **Meeting Your Policymaker:** Skill building on how to initiate plans and facilitate a meeting with policy makers.
4. **Medication: Protecting Choice:** Education to bring the voice of lived experience into advocacy for access to psychiatric medications.
5. **Parity: Fairness in Health Coverage:** Training on mental health parity rights, how to identify potential parity violations and how to file a complaint.
6. **Advocacy Day:** A one-hour interactive training session on effective advocacy storytelling and legislative visits.

### **Criteria for taking the NAMI Smarts for Advocacy Presenter Training**

#### General Criteria

- A current member of a NAMI Affiliate
- Willing to stay for the entire 3-day intensive training
- Must be at least 18 years of age

### **Registration Information**

NAMI Washington will pay for meals, snacks, lodging and all training materials. Your NAMI affiliate is asked to cover your travel and other expenses that you may incur to attend this training. Lodging is at the Comfort Inn and is **double occupancy**. If you require single occupancy, arrangements will need to be made prior to attendance by the attendee and there will be additional costs which will be the responsibility of the attendee. Attending the training is by **pre-registration only**, and class size is limited. If there are more applications than spots for the class a waiting list will be created. In order to reserve a space a \$50 refundable registration deposit **from your affiliate** is required at the time of registration. **If you need to cancel after being accepted, notify Dorina Hyseni at the state office 206-783-4288 or [dorina@namiwa.org](mailto:dorina@namiwa.org) no later than October 6, 2017** so we can fill your spot or your affiliate will lose its \$50 registration deposit. Since this is a team program, cancelled spots can be filled with another member of the Affiliate who would fulfill the team spot.



**APPLICATION FOR NAMI Smarts for Advocacy TRAINING – October 13-15, 2017**

**Application Due by: October 6, 2017**

*Applications received after 5:00 pm on the due date will be put on a wait list*

Applicant Name: \_\_\_\_\_

NAMI Affiliate: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Best way to reach you: Phone Email Best time to call: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

➤ Area Code/Phone: \_\_\_\_\_

Do you have any accessibility needs, dietary restrictions, or other issues which need accommodation during training?

\_\_\_\_\_

Will you be bringing a service animal? Yes No

**NAMI Smarts training begins Friday morning. Those who are further than 1 hour away are provided lodging and will want to consider arriving Friday evening (don't forget I-5 traffic snarls!). Please complete the following information:**

- I live within 1 hour driving distance of the training site and will not need accommodations
- I will need housing for the following nights: Friday Saturday
  - If yes, what is your gender (identity or expression)? \_\_\_\_\_

NAMI-WA will try to accommodate Roommate requests (check one):

- Please assign room
- I would like a room with \_\_\_\_\_
- I would like a single room and understand I will be responsible for the additional charges

**1. How did you hear about this training class?** \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been convicted of a crime against another person including but not limited to: assault of any kind, harassment of any kind, or stalking?

Yes No **IF YES, PLEASE USE AN ADDITIONAL PIECE OF PAPER TO EXPLAIN THE ISSUE AND CURRENT STATUS IN DETAIL.**

3. Have you taken other NAMI classes or trainings?

Yes No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Are you a currently certified to teach/lead any other NAMI Signature Programs?

Yes No If yes, please list all Signature Programs you are certified to lead: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please briefly describe why you are interested in becoming a teacher of NAMI Smarts Advocacy and what you'd like to be able to achieve.** (please attach extra paper as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please briefly describe any relevant experience or skills you have in training or facilitation of group learning or activities.** (please attach extra paper as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What does recovery in relation to mental illness mean to you?** (please attach extra paper as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Performance Agreement for NAMI Smarts for Advocacy Presenter Trainees**  
**Please indicate your agreement to these requirements by checking each box below**

- I am a current member of a NAMI affiliate – If not, you will be required to join NAMI to attend the training.
- I am willing and able to complete this intensive 3-day training and to abide by the NAMI program model.
- I commit to arriving to the training on-time and staying for the full day, and understand that if I do not stay for the entire training I will not receive a certificate of completion and would have to re-take the entire class in order to receive a certificate of completion.
- I understand that I could complete the entire training, and that my skills will be evaluated by the Trainer(s), and they will decide if I have the skills to be a NAMI Smarts Presenter.
- I understand that NAMI Smarts Presentations are not intended to recommend or endorse specific medications or therapies, but instead to educate and empower educational leaders.
- I will stay in contact with my NAMI Affiliate and provide presentation data to NAMI Washington and NAMI National's Education data reporting requirements.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**This final section must be completed by the affiliate executive director, president or vice president.**

**This final section must be completed by the affiliate executive director, program director, president or vice president (please check each box to indicate you have read it and sign)**

- This person is a current member of our affiliate.
- This person meets the requirements to attend this training per the NAMI Washington Training & Education Program Guidelines for 2017, and has the qualities to be a successful teacher/presenter/facilitator.
- I have read the NAMI Washington Training & Education Program Guidelines for 2017 and agree to abide by these guidelines.
- Our affiliate will work with this person to initiate or continue this program during the next year.
- Our affiliate has uploaded all 2016 and up-to-date 2017 Education Data into the NAMI Education Extranet. I understand if the data is not up-to-date members of our affiliate will not be permitted to participate in state signature program trainings.
- I understand that this training is on a first come, first serve basis after the completed application and deposit has been received in the NAMI WA office. Where necessary, priority may be given to areas with critical need and this will be a decision made by NAMI WA.

NAME and TITLE of NAMI Affiliate Leader (printed): \_\_\_\_\_

Name of NAMI Affiliate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email of Affiliate Leader: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Keep a copy for your records and send this completed and signed application with your \$50 deposit. If your affiliate is sending more than one attendee please send a separate \$50 check with each application. We will return all checks within 3 weeks of completion of the training, unless the applicant fails to attend the training without notification of cancellation by October 9, 2017.**

**Return Applications to:** NAMI Washington 7500 Greenwood Ave. N. Seattle, WA 98103  
**Or submit via email to:** [dorina@namiwa.org](mailto:dorina@namiwa.org)