



## BASICS 2018 TEACHER TRAINING APPLICATION AND AGREEMENT

### Training Location: Yakima

**Application Deadline:**

**Friday, May 25, 2018**

### 3-DAY TRAINING SCHEDULE

Friday, June 8, 2017 3:00 PM – 8:00 PM

Saturday, June 9, 2017 8:30 AM – 6:30 PM

Sunday, June 10, 2017 8:30 AM – 12:00 PM

### **What is the Basics program?**

NAMI Basics is a signature education program for parents and other caregivers of children and adolescents living with mental illnesses. It focuses on the fundamentals of caring for the parent or caregiver, others in the family, and the child living with mental illness.

### **What will I learn from the training?**

Participants will learn the necessary skills to conduct a rigorous and effective 6-week course in your community. Topics covered in the training include recognizing mental illness as a continuing traumatic event for the child and the family; facing the emotional issues and objective burdens faced by family caregivers and others in the family; gaining confidence and stamina to foster family understanding and support; and empowering family caregivers as effective advocates for their children. The class uses a guided group process to help families gain practical insight, obtain important information about research and resiliency, and increase their emotional learning skills.

### **What is required of me after I take the training?**

By taking this training you are committing to co-teach the Basics course, consisting of 6 weeks of material, at least twice in a 24-month period in cooperation with your local NAMI affiliate.

You will need to register and interview all prospective students before the class. Each weekly class requires a lot of pre-class preparation. In some affiliates, the teacher also needs to find a location for the classes and take care of advertising and publicity. You will be required to send periodic reports to State and National for their recordkeeping and upload data into the National NAMI Education Data tracking program. The classes involve reading aloud from NAMI course materials so applicants need to be comfortable with this.

### **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. 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 June 4, 2018** so we can fill your spot or your affiliate will lose its \$50 registration deposit. Cancelled spots are filled with applications from the waiting list for the class, not by sending another affiliate member.



**APPLICATION FOR BASICS TEACHER TRAINING: June 8-10, 2018**

**APPLICATION DUE BY: May 25, 2018**

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

Applicant Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

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

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

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

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

Primary Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

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

Best way to reach you: Phone Email Remember, the interview must be completed by Phone.

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

**Basics training begins Friday afternoon at 3pm. Those who are further than 1 hour away are provided lodging (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

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

- Please assign roommate
  - What is your gender (identity or expression)? \_\_\_\_\_
  - I would like a room with \_\_\_\_\_

- I would like a single room and understand I, the attendee, will be responsible for the additional amount and will be billed by NAMI Washington 3 weeks after the training is complete.

**Please answer the following questions:**

1. Are you NAMI member? Yes No Do you have a nami.org login/password? Yes No  
- If not, you will be required to join NAMI to attend the training.

NAMI WASHINGTON, 1107 NE 45th St. Suite 230, Seattle, WA 98105

Phone: 206-783-4288 dorina@namiwa.org

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2. How did you hear about this training class? \_\_\_\_\_  
 \_\_\_\_\_
3. 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.**
4. Have you taken the NAMI Basics Course?  
Yes No
5. Have you completed the NAMI Family to Family Course?  
Yes No  
*(It is required that you have completed the NAMI Family-to-Family Course in order to be qualified to become a Family-to-Family teacher)*
6. Have you taken other NAMI classes or trainings?  
Yes No  
 If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Are you currently certified to teach/lead any other NAMI Signature Programs?  
Yes No If yes, please list all Signature Programs you are certified to lead: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Are you a parent or direct caregiver of an individual who developed symptoms of mental illness before the age of 13 (child may not have received a diagnosis by that time)? Yes No  
 What is the current age of this individual? \_\_\_\_\_  
 Has he/she been given a diagnosis? Yes No  
 If yes, what is the most current diagnosis? \_\_\_\_\_  
 How long has this person shown symptoms of/been living with mental illness? \_\_\_\_\_
9. Does/did your child attend public school?  
Yes No  
 If no, what type of educational program is/was your child involved in? \_\_\_\_\_
10. Has your child graduated from High School?  
Yes No  
 If yes, date of graduation? \_\_\_\_\_

11. Why you would like to become a NAMI Basics Teacher (please attach additional paper if needed):

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12. Please share with us your experiences living with a child or adolescent with a mental illness (please attach additional paper if needed):

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13. Do you know with whom you want to Co-teach? Yes No

➤ If yes, who? \_\_\_\_\_

14. Do you know where you want to teach? Yes No

➤ If yes, who? \_\_\_\_\_

### Performance Agreement for Basics Teacher Trainees

- I am a current NAMI member – If not, you will be required to join NAMI by application deadline to attend the training.
- I am the parent or primary caregiver of an individual who began experience symptoms of mental illness prior to the age of 13.
- I am familiar with the emotional issues families face and am comfortable with self-disclosure regarding my feelings about my own and my family's life situation.
- I agree to maintain the confidentiality of participants in the training and the classes I lead, and will provide data regarding class participation as required by NAMI Washington and NAMI National Education Data reporting program.
- I am willing to make the commitment to complete the intensive weekend training on how to teach the NAMI Basics course, and agree to stay for the entire training.
- I 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 even if I complete the entire training, I am not guaranteed being awarded the certificate of completion that indicates that I am a certified NAMI Basics teacher. That is, I understated that skills will be evaluated by the NAMI Washington State Trainers, and they will decide if I have mastered the skills necessary to be an effective Basics Teacher.**
- By applying to participate in the Basics Teacher Training, I am indicating my willingness to abide by all Basics program policies, and to teach all Basics classes with complete fidelity to the approved curriculum.
- By applying to participate in the Basics Teacher Training, I am agreeing to teach at least one complete Basics course within 1 year of my training, and to teach at least one more course within 2 years of my training.
- I will communicate promptly with the NAMI Washington state office, as requested or required, and will submit all forms and data to the state and national offices, as required by a Basics Teacher.
- I will work to identify potential Basics teacher-candidates who participate in my classes, so that my local affiliate will be able to educate more family members in my community.

- I will regularly encourage my class participants to become NAMI members so that my local affiliate and NAMI Washington can continue to offer support and education to members of my community.

**Note: Applicants will be contacted for a brief telephone interview prior to being accepted into the training.**

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

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

- This person is a current member of our affiliate. Membership Expiration Date \_\_\_\_\_
- This person meets the requirements to attend this training per the NAMI Washington Training & Education Program Guidelines for 2018, and has the qualities to be a successful teacher/presenter/facilitator.
- Our affiliate will work with this person to initiate or continue this program during the next year.
- I have had a conversation with the applicant about their commitment and responsibilities to our affiliate.**
- I have arranged transportation to the training for this applicant.
- A deposit of \$50.00, payable to NAMI Washington, for each applicant is enclosed. We understand that the deposit will be returned to our affiliate if this individual successfully completes the entire training.
- 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 will be given to areas with critical need.
- This affiliate has submitted all 2017 Education Data to the NAMI Data Collection Site. I understand that no affiliates from our affiliate will be able to participate in a State Training if our Education Data has not been uploaded.
- This affiliate is up to date with submission of all 2018 Education Data to the NAMI Data Collection Site.

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 2, 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)