



Connection Co-Facilitator 2018 Training Application and Agreement

Training Location: KIRKLAND
APPLICATION DEADLINE
Friday, January 26, 2018

2-DAY TRAINING SCHEDULE
Saturday, February 10, 2018 8:30 am – 6:00 pm
Sunday, February 11, 2018 8:30 am – 5:30 pm

NAMI Connection Recovery Support Groups are peer-based mutual support groups that meet weekly for 90 minutes of safe, confidential personal sharing in a flexible group setting. Groups are open to any adult living with a mental illness or a psychiatric condition and willing to share with others confidentially in an atmosphere of respect, encouragement, and hope.

Who can be a Connection Facilitator? Prospective facilitators must have a documented mental health diagnosis and be at least 18 years of age. They need to have reached a comfortable place in their own recovery, so they can sustain themselves during the emotional turbulence that can arise in Connection Support Groups.

What is required of me after I take the training?

Connection co-facilitator applicants must agree to co-facilitate a support group meeting in their community for a period of at least two years. (It is understood that unexpected life situations may necessitate flexibility and compassion in this policy).

Responsibilities of NAMI Connection co-facilitators

The Connection support group is one of NAMI's signature programs. Facilitators are required to use the Strategies, Structures, and Processes as written. Connection support group facilitators serve as volunteers. Your affiliate may be able to help with your mileage or other resources for the support group, by prior agreement between the facilitators and the affiliate. Key personal attributes for Facilitators are reliability, empathy, and the ability to communicate clearly. An ability to interpret group members' non-verbal communication is important.

Facilitators work in pairs to facilitate their weekly groups. They assist and support each other. Each should feel able to lead the group alone if their co-facilitator is temporarily unavailable. Facilitators also cooperate in preparing a resource table for participants. Facilitators will be required to upload anonymous attendance data into the National NAMI Education data collection program.

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 NAMI trainings is by **pre-registration only**. Space is limited. If there are more than 16 registrants, a waiting list will be created. Applicants will have a brief telephone interview with the trainers before final acceptance into the training and the State office will fill the class based on the critical needs of affiliates. In order to reserve a space a \$50 refundable deposit **from your affiliate** will be required upon registration. **If you need to cancel after being accepted, notify the state office 206-783-4288 or dorina@namiwa.org no later than February 5, 2018** so we can try to 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 CONNECTION SUPPORT GROUP 2017 FACILITATOR TRAINING: February 10-11, 2018
APPLICATION DUE BY: February 5, 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

Connections training begins Saturday 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

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 a NAMI member? Yes No Do you have a nami.org login/password? Yes No

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. Why do you want to be a NAMI Connection Recovery Support Group Facilitator? (please attach extra paper as needed): _____

5. What experience do you have in participating in a support group? Have you attended a NAMI Connection Recovery Support Group? (Preference is given to individuals who attend an existing Connection group, or who show an exceptional interest in starting a new Connection group in their area.) (please attached extra paper as needed): _____

6. Have you taken other NAMI classes or trainings?
Yes No
 If yes, please list: _____

7. 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: _____

8. How do you define or describe mental health recovery? (please attach extra paper as needed):

Performance Agreement for Connection Facilitators 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 by application deadline to attend the training.
- I am willing to be trained and to abide by the NAMI Connection Recovery Support Group model, and agree to stay for the entire training.
- I will commit to arriving at the training on time, and to completing each day of this training (Sat 8:30am – 6:00 pm, Sun 8:30 am – 5:30 pm).
- 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 Connection Facilitator. I further understand that if the Trainer(s) feel I am not ready to be a Provider Education teacher, 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 agree to be a volunteer co-facilitator for a Connection Recovery Support Group for a minimum of two years to help meet the needs of my Affiliate.
- I understand that Connection Recovery Support Groups are not intended to recommend or endorse specific medications or therapies, but instead to empower, encourage, and support group members.
- I will maintain confidentiality of group members and will provide only grouped participant data when meeting NAMI National Education data reporting requirements.
- 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 Connection Recovery Support Group facilitator.
- I will work to identify potential Connection Recovery Support Group facilitator-candidates who participate in my groups, so that my local affiliate will be able to educate more family members in my community.
- I will regularly encourage my group 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 may be given to geographical areas with critical need and this will be a decision made by NAMI WA.
- 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 February 5, 2018.

Return Applications to: NAMI Washington 1107 NE 45th St., Suite 230, Seattle, WA 98105

Or submit via email to: dorina@namiwa.org