



## Family-to-Family 2018 Teacher Training Application & Agreement

### **TRAINING LOCATION: Yakima, WA**

#### **APPLICATION DEADLINE**

**Friday, August 3, 2018**

### **3-DAY TRAINING SCHEDULE**

Friday, August 17, 2018	9:30 am – 7:30 pm
Saturday, August 18, 2018	8:00 am – 6:30 pm
Sunday, August 19, 2018	8:00 am – 1:00 pm

### **What is the Family-to-Family program?**

NAMI Family-to-Family is a free, 12-session education program for family, partners, friends and significant others of adults living with mental illness. The course is designed to help all family members understand and support their loved one living with mental illness, while maintaining their own well-being. The course includes information on illnesses such as schizophrenia, bipolar disorder, major depression and other mental health conditions. Thousands of families describe the program as life-changing. The program is taught by trained teachers who are also family members and know what it is like to have a loved one living with mental illness.

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

Participants will learn the necessary skills to conduct a rigorous and effective 12-week course in your community. Topics covered in the training include critical information and strategies related to care giving, incorporating presentations, discussions and exercises. This helps provide the necessary tools for a better understanding of the individual living with mental illness. This class uses a guided group process to help families gain practical insight, obtain important information about research and resiliency along with increasing their emotional learning skills.

### **Family-to-Family Teacher Requirements**

To be a successful NAMI Family-to-Family teacher, you need to respond to others in a non-judgmental way, you need to be a good listener with an empathetic ear, and you need to be willing to talk about your experience as a family member of someone living with a mental illness.

Trainees must have attended and completed a Family-to-Family class as a participant. Trainees agree to attend the entire class. Trainees must demonstrate the qualifications needed to become a good NAMI teacher by the end of training. Trainees may be asked to improve their skills in particular key areas and repeat the training before they may become certified. All applicants will participate in a phone screening interview with the class leaders prior to being accepted into the class. Minimum age to become a Family-to-Family teacher is 18 years old.

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

By taking this teacher training you are committed to co-teaching the Family-to-Family class, consisting of 12 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 will be at a hotel in Kirkland 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 August 13, 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 FAMILY-TO-FAMILY TEACHER TRAINING: August 17-19, 2018**

**APPLICATION DUE BY: August 3, 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

**Family-to-Family training begins Friday at 9:30 AM. Those who are further than 1 hour away are provided lodging and will want to consider arriving Thursday 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: Thursday 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.

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

3. **Have you been 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. **Do you have a relative living with mental illness?**  
Yes No  
(Note: You must be a first-degree relative to be a Family-to-Family teacher, or have lived in a household with a relative with mental illness for a significant period of time)  
➤ Your ill relative is your (spouse, sister, etc.): \_\_\_\_\_  
➤ Your relative's diagnosis is: \_\_\_\_\_

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 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. **Please briefly describe why you want to become a Family-to-Family teacher; please include information about your lived experience with mental illness (please attach additional paper as needed):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you know with whom you want to Co-teach? Yes No If yes, who? \_\_\_\_\_

10. Do you know where you want to teach? Yes No if yes, where? \_\_\_\_\_

### Performance Agreement for Family-to-Family Teacher Trainees

Please indicate your agreement to these requirements by checking each box below

- I am a current NAMI member – If not, you will be required to join NAMI by application deadline to attend the training.
- I am first-degree relative of an individual living with mental illness, or I have lived in a household for a significant period of time with a family member living with a mental illness.
- I will commit to arriving at the training on time, and to completing all three days of this training (Fri 9:30 am – 7:30pm, Sat 8:00am – 6:30 pm, Sun 8:00 am – 1:00 pm).
- I understand that I am required to stay for the entire training to receive a certificate of completion. Further, I understand that if I do not stay for the entire training, I will be required to re-take the entire training again to receive the 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 Family-to-Family 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 Family-to-Family Teacher.**
- By applying to participate in the Family-to-Family Teacher Training, I am indicating my willingness to abide by all Family-to-Family program policies, and to teach all Family-to-Family classes with complete fidelity to the approved curriculum.
- By applying to participate in the Family-to-Family Teacher Training, I am agreeing to teach at least one complete Family-to-Family 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 Family-to-Family Teacher.
- I will work to identify potential Family-to-Family 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. I 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 geographical areas with critical need.
- This affiliate has submitted all 2017 Education Data to the NAMI Data Collection Site.
- This affiliate is up to date with submission of all 2018 Education Data to the NAMI Data Collection Site.
- I understand that no applicants from our affiliate will be able to participate in a State Training if our Education Data has not been uploaded.

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 August 13, 2018.***

***Return Applications to:*** NAMI Washington 1107 NE 45th St., Suite 230, Seattle, WA 98105  
***Or submit via email to:*** [dorina@namiwa.org](mailto:dorina@namiwa.org)