



Family Support Group Facilitator 2018 Training Application and Agreement

Training Location: Kirkland, WA

APPLICATION DEADLINE
Friday, May 4, 2018

2-DAY TRAINING SCHEDULE

Saturday, May 19, 2018	8:30 am – 6:00 pm
Sunday, May 20, 2018	8:30 am – 6:00 pm

NAMI Family Support Groups (FSG) are local meetings of caregivers of individuals with a mental illness where family members can talk frankly about their challenges and help one another through their learned wisdom.

Who can be a Support Group Facilitator? Prospective facilitators must have a family member or loved one living with mental illness and be at least 18 years of age.

What will I learn from the training?

Participants learn to facilitate ongoing NAMI Family Support Groups for family members/loved ones of someone living with a mental illness. The FSG model offers a set of key structures and group processes for facilitators to use in common support group scenarios. These structures come with clear guidelines to follow. Used together, they encourage full group participation in support group meetings. These structures are comfortable for both seasoned and less experienced facilitators because they help support group function well in most every situation.

What is required of me after I take the training?

By taking this facilitator training you are committing to co-facilitate a support group for a minimum of two years in coordination with your local NAMI affiliate. You will be required to provide your affiliate with specific attendance data for reporting to National NAMI Education Data tracking.

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 Howard Johnson, 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 no later than May 14, 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 SUPPORT GROUP 2018 FACILITATOR TRAINING: May 19-20, 2018

APPLICATION DUE BY: May 4, 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

FSG 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 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
 - o What is your gender (identity or expression)? _____
 - o 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. Do you have a relative living with mental illness? Yes No

- Your ill relative is your (spouse, sister, etc.): _____
- Your relative's diagnosis is: _____
- How many years has your relative been ill? _____
- Is your relative currently stable? 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 Family Support Group Facilitator? (please attach extra paper as needed): _____

5. What experience do you have in participating in a support group? (please attach 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. Do you know with whom you want to Co-facilitate? Yes No If yes, who? _____

9. Do you know where you want to facilitate? Yes No If yes, where? _____

Performance Agreement for Family Support Group Facilitator 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 willing to be trained and to abide by the NAMI Family 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 – 6:00 pm).
- 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 Family Support Group facilitator. 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 Support Group facilitator.
- I agree to be a volunteer co-facilitator for a Family Support Group for a minimum of two years to help meet the needs of my Affiliate.
- I understand that Family 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 Family Support Group facilitator.
- I will work to identify potential Family 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. 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 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 May 14, 2018.

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

Or submit via email to: dorina@namiwa.org