



Peer-to-Peer 2018 Teacher Training Application & Agreement

TRAINING LOCATION: KIRKLAND

APPLICATION DEADLINE

Friday, August 24, 2018

3-DAY TRAINING SCHEDULE

Friday, September 7, 2018 9:00 am – 6:00 pm

Saturday, September 8, 2017 9:00 am – 6:00 pm

Sunday, September 9, 2017 9:00 am – 6:00 pm

What is the Peer-to-Peer Program?

Peer-to-Peer [P2P] is an 8-week course led by trained peer mentors, people who have experienced mental illness in their own lives and believe that mental health recovery and resiliency are possible. This class focuses on offering information, encouragement, hope, and guidance to adults who live with a mental illness and want to experience quality of life as contributing members of their communities.

What will I learn from the training?

The three-day weekend mentor training includes preparation for teaching the P2P course, obtaining knowledge about the brain, research, and recovery, fostering respect and mutual support, and developing skills in sharing brief individual stories and partnering with other peers.

Criteria for taking the P2P Mentor Training:

Mentors must be:

- A PEER, a **P**erson of **E**xperience, **E**ngaged in **R**ecovery
- A current member of a NAMI Affiliate
- Willing to stay for the entire 3-day intensive training
- Comfortable reading aloud to a group
- Able to make a commitment to co-teach the 8-week Peer to Peer course at least twice in a 24-month period in cooperation with your local affiliate.
- 18 years of age or older

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 no later than **September 3, 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 PEER-TO-PEER TEACHER TRAINING: September 7-9, 2018

APPLICATION DUE BY: August 24, 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

Peer-to-Peer training begins Friday at 9:00 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 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 other NAMI classes or trainings?
Yes No If yes, please list: _____

5. 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: _____

6. Why do you want to be a Peer-to-Peer Mentor (please attach additional paper as needed)?

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

8. Why do you feel you are ready to “give back” to others through Peer-to-Peer? (please attach extra paper as needed):

Performance Agreement for Peer-to-Peer Teacher Trainees

- I am a current NAMI member – If not, you will be required to join NAMI to attend the training.
- I am willing to be trained and to abide by the NAMI Peer-to-Peer program model, and agree to stay for the entire training.
- I am comfortable reading out loud to a group (required of Peer to Peer Mentors).
- I understand myself to be a PEER, a Person of Experience, Engaged in Recovery.
- 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 Peer to Peer mentor. 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 Peer to Peer Mentor.**
- By applying to participate in the Peer to Peer Mentor Training, I am indicating my willingness to abide by all Peer to Peer program policies, and to teach all Peer to Peer classes with complete fidelity to the approved curriculum.
- By applying to participate in the Peer to Peer Mentor Training, I am agreeing to teach at least one complete Peer to Peer 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 Peer to Peer Mentor.
- I will work to identify potential Peer to Peer mentor-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
In addition, a letter of reference from an Affiliate Leader must be included**

- 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 September 3, 2018.

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