



NAMI Basics Education Program Teacher Application

Date of the training: _____ City where training will be held: _____

Contact Information:

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Email: _____

1. Have you taken the Basics course? If not, please explain why.
 - a. Yes Teacher's name, location of class and date:

 - b. No Reason:

2. Have you taken any other NAMI educational courses (Family to Family, Peer to Peer)?
 - a. Yes Teacher's name, location of class and date: _____
 - b. No
3. Education Program classes require reading the curriculum aloud. Do you consider yourself a good reader? Yes No If No, Please Explain: _____
4. What NAMI affiliate are you a member of (required) _____
and for how long? _____
5. Have you done other volunteer work for NAMI?
 - a. Yes Where: _____
 - b. No
6. Are you a parent or other direct caregiver of an individual who developed symptoms of mental illness before the age of 13? Yes No
7. What is the age of that individual now? _____ years
8. Has he/she been given a diagnosis? Yes No If yes, please specify:

9. How long has he/she exhibited symptoms of mental illness? _____ years

10. Does/did your child attend public school? Yes No If no, what type of educational program is/was your child involved in? _____
11. Has your child graduated from High School? Yes No If so, when? _____
12. Who referred you to this training? _____
13. What is his/her involvement with NAMI? _____
(Education Coordinator, Family-to-Family Teacher, Support Group Facilitator, Board Member)
14. His/Her email or other contact information (*required*) _____
15. I will be available to teach a Basics Course within the next 6 months Yes No

To be a successful NAMI teacher, you need to respond to others in a non-judgmental way, 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 who has a mental illness. With this in mind, please briefly explain why you want to become a NAMI Basics teacher.

Teacher Agreement

- **I agree to be at each session of the workshop on time and to stay for the entire training.** *Please understand that if you are excessively late to sessions or leave more than 30 minutes early on Sunday you may jeopardize your participation in the workshop and a teacher certificate may not be issued to you.*
- **I understand that participation in this training does not guarantee that I will become a certified NAMI teacher.** *Trainees must demonstrate the qualifications needed to become a good NAMI teacher by the end of the training. The first day of training provides an opportunity for trainees to assess their basic qualifications for being a teacher. Any concerns should be brought to the trainers' attention.*
- **I agree to notify Lynn Cathy at (916) 567-0163 if I must cancel.** *Prompt notification of a cancellation enables us to invite another participant. Last minute cancellations often mean that NAMI still must pay the hotel and food expenses for a participant.*
- **I agree to behave in a professional manner.** *To be described as not engaging in illegal drug use, or to be sexually or romantically intimate with participants at the training unless I am have been in a committed relationship with that person prior to the training.*
- **I agree to teach (2) 6-week sessions of Basics within two years.** *It is understood that unexpected situations may occur in which flexibility in this policy will be needed.*
- **I agree to teach Basics according to the established NAMI operating policies.**
- **I agree to provide group participant data to NAMI National or to the local affiliate for them to report.**

Signature of Applicant

Print Name

Date



EMERGENCY INFORMATION:

Contact Name: _____ Relationship to you: _____

Telephone numbers (2 preferred): _____

Do *you* have a **cell phone number** we can reach you at that weekend? _____

Medical or Diet Considerations (**including Vegetarian preference**):

NAMI California *may* not be able to accommodate all dietary requests. Options can be discussed upon acceptance into the training.

Carpool: I give my permission for Lynn Cathy to disclose my email and/or phone number to parties interested in carpooling. Yes No
(Requests to be made no later than 2 weeks before a training.)

Commuting: I live within 30 minutes of the training. I intend to drive to and from home each day.
Yes No

Lodging: Lodging is free if you are willing to share a guest room with another trainee (m/m or f/f).

Private Room Request: If I am accepted into the training I will be requesting a private room.
Yes No

There is an additional cost for a private room. The confirmation letter will provide additional details.

Signature: _____ Print Name: _____ Date: _____

Thank you for your application!
YOU WILL BE NOTIFIED BY EMAIL IF YOU HAVE BEEN SELECTED TO ATTEND.

NOTE: The deadline for all applications is two weeks before a training is scheduled; however please remit as soon as possible as trainings fill quickly. Thank you!

***Please follow up faxed applications with a phone call or email to confirm receipt. Thank you.**

Please Mail, Fax* or Email to:
Lynn Cathy, Family & Peer Programs Supervisor
1851 Heritage Lane, Suite 150
Sacramento, CA 95815
Phone: (916) 567-0163 x 103
Fax: (916) 567-1757
Email: lynn@namica.org



Course Content

Class 1 – Introduction: It’s not your fault, mental illnesses are brain disorders.

Class 2 – The biology of mental illness; getting an accurate diagnosis.

Class 3 – The latest research on the medical aspects of the illnesses & advances in treatment.

Class 4 – The impact of the child’s mental illness on the rest of the family; skills training.

Class 5 – The systems involved with your child and the importance of record keeping.

Class 6 – Advocacy, self-care, review, sharing and evaluation.