



## 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.
  - Yes Teacher's name, location of class and date: \_\_\_\_\_
  - No Reason: \_\_\_\_\_
    - If no, have you taken any other NAMI educational courses (Family to Family, Peer to Peer)?
  - Yes Teacher's name, location of class and date: \_\_\_\_\_
  - No
2. Education Program classes require reading the curriculum aloud. Do you consider yourself a good reader?  Yes  No If No, Please Explain: \_\_\_\_\_
3. What NAMI affiliate are you a member of (required) and for how long?  
\_\_\_\_\_
4. Have you done other volunteer work for NAMI?
  - Yes Where: \_\_\_\_\_
  - No
5. Are you a parent or other direct caregiver of an individual who developed symptoms of mental illness before the age of 13?  Yes  No
6. What is the age of that individual now? \_\_\_\_\_ years
7. Has he/she been given a diagnosis?  Yes  No If yes, please specify: \_\_\_\_\_
8. How long has he/she exhibited symptoms of mental illness? \_\_\_\_\_ years
9. Does/did your child attend public school?  Yes  No If no, what type of educational program is/was your child involved in? \_\_\_\_\_
10. Has your child graduated from High School?  Yes  No If so, when? \_\_\_\_\_

11. Who referred you to this training? \_\_\_\_\_

12. What is his/her involvement with NAMI? \_\_\_\_\_  
(Education Coordinator, Family-to-Family Teacher, Support Group Facilitator, Board Member)

13. His/Her email or other contact information (*required*) \_\_\_\_\_

14. 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.***

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### 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 Serena Durand 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:**  
**Serena Durand, Peer Programs Coordinator**  
**1851 Heritage Lane, Suite 150**  
**Sacramento, CA 95815**  
**Phone: (916) 567-0163 x 101**  
**Fax: (916) 567-1757**  
**Email: [Serena@namica.org](mailto:Serena@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.**