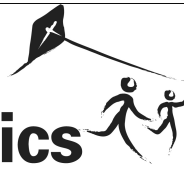




namiBasics

National Alliance on Mental Illness



Teacher Application

Name:

Phone:

Cell:

E-Mail:

Address:

City:

State:

Zip:

Your NAMI Affiliate:

NAMI Membership #:

Membership Expiration Date:

Please answer the following questions to the degree to which you're comfortable.

Who is your ill relative (i.e. son, daughter)?

At what age was the onset of their illness?

What is their current diagnosis (as far as you know)?

Are things generally stable with your relative right now? Comment.

Have you taken the NAMI Basics course? When and where? If not, have you taken other NAMI family education programs?

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

With this in mind, please briefly explain why you want to become a NAMI Basics teacher.

Will you be able to commit to attending the entire training on June 2nd-3rd, 2018 in Albany, NY?

YES / NO

Will you be able to commit to teaching NAMI Basics at least twice within three years once you are trained?

YES / NO

Single rooms *may* be available for a small fee. Would this interest you?

YES / NO

Special Needs (i.e. dietary concerns, transportation, accessibility needs?)

Thank You!

Please return this application to your local NAMI affiliate
and Tina Lee at NAMI-NYS.

Tina@naminys.org or fax to (518)462-3811

Please note that this document is for the sole use of NAMI-NYS and will not be retained or shared.



New York State

Trainee Emergency Contact Form

NAME:

Emergency Information for TWO Contacts Please!

(Only put the names of people you're comfortable with us potentially contacting!)

1. Name of Emergency Contact:

Relationship to You:

Telephone number:

2. Name of Emergency Contact:

Relationship to You:

Telephone number:

Do you have a cell phone number where we can reach you during the training?

Allergies/Diet Considerations?

Any other emergency information you'd like noted (people in your care, medical conditions etc.):

**Please Return with Your Application to your local affiliate and
Tina Lee, Community Education and Outreach Manager NAMI-NYS
99 Pine St. Suite 105
Albany NY 12207
Fax: (518)462-3811
E-Mail: tina@naminys.org**



National Alliance on Mental Illness

NAMI | New York State

Basics Teacher Agreement

I agree to be at each session of the workshop on time.

Please understand that if you are excessively late to sessions 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 the NAMI NYS Community Education and Outreach Manager via e-mail or phone call if I must cancel 24 hours in advance.

There is often a waiting list and prompt notification of a cancellation enables us to invite another participant.

I agree to teach the NAMI Basics course at least twice (2) times a year over the course of three (3) years.

It is understood that unexpected situations may occur in which flexibility in this policy will be needed. The expectation is to complete your commitment to teaching within a reasonable amount of time given the teacher's circumstances.

I agree to teach NAMI Basics according to the established NAMI Basics operating policies which will be reviewed at training.

Signature of Applicant

Print Name

Date