Teacher Application and Agreement

NAMI Basics is a signature education program for parents and other caregivers of children and adolescents living with mental illnesses. It focuses on the fundamentals of caring for the parent or caregiver, others in the family, and the child living with mental illness.

Who can be a NAMI Basics Teacher? Prospective teachers must be a parent or other primary caregiver of an individual who exhibited mental illness symptoms prior to the age of 13 (the formal diagnosis may have been made years later, but symptoms appeared prior to the age 13). Ideally will have taken the NAMI Basics course, but this is not a requirement. Successful teachers are good listeners with an empathetic ear. Must be at least 18 years old.

What will I learn from the training? Participants will learn the necessary skills to conduct an effective 6-week course in your community. Topics covered in the training include recognizing mental illness as a continuing traumatic event for the child and the family; facing the emotional issues and objective burdens faced by family caregivers and others in the family; gaining confidence and stamina to foster family understanding and support; and empowering family caregivers as effective advocates for their children. The class uses a guided group process to help families gain practical insight, obtain important information about research and resiliency, and increase their emotional learning skills.

How long is the training? Basics Training is held over two to three days, typically starting at 3pm on Friday and ending Sunday afternoon. To become a certified NAMI Basics Teacher you must attend the entire training.

What is required of me after I take the training? In addition to adhering to NAMI policies and teaching the class as prescribed, by taking this teacher training you are committing to co-teaching two Basics classes over a 24-month period in coordination with your local NAMI affiliate. You will be required to provide your affiliate with specific attendance data for reporting to National and State NAMI Education Data tracking.

Logistical information: NAMI NC covers the cost of materials, manuals, and lunches during the training for all participants. For participants who are not local to the training area, double occupancy hotel rooms will also be provided. If you require single occupancy, arrangements will need to be made prior to the training by the attendee and there will be additional costs which will be the responsibility of the attendee. NAMI NC does not cover the cost of mileage to get to the training site/hotel, nor does it cover the cost of any hotel incidentals (i.e. room service, room upgrades, movies ordered, etc.) Training dates and locations are listed on the NAMI NC website at https://naminc.org/programs/classes/programtrainingcalendar/ For additional questions, please call 919.788.0801 or e-mail programs@naminc.org
Teacher Application and Agreement

Date _______________

Name: __________________________________________________________________________________

Street Address: __________________________________________________________________________

City: ______________________ County: ______________________ State: ____ Zip: _________________

Phone: Home: ____________________ Mobile: ____________________ Work: ____________________

E-Mail: __________________________________________________________________________________

Military Status (please check): □ Active □ Vet □ Other______________________________

What language(s) do you speak fluently? ________________________________________________

Your NAMI Local Affiliate: ______________________ President Name: ________________________

Do you have the support of your local affiliate President? ________________________________

Are you a member of NAMI? □ Yes □ No

If not, are you willing to join? □ Yes □ No

Are you a parent or direct caregiver of an individual who developed system of mental illness before the age of 13 (child may not have received a diagnosis by that time)? □ Yes □ No

What is the current age of this individual? ________________________________

Has he/she been given a diagnosis? □ Yes □ No If yes, what is the most current diagnosis?

______________________________

How long has this person shown symptoms of living with mental illness? _______________________

Please tell us why you want to be a Basics Teacher:

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Should you be selected to participate in training, do you have any special dietary or physical accommodations that we should be aware of? If so, please specify: ________________________________

This training begins on Friday morning. Those who live more than 30 miles away are provided lodging and are welcome to arrive on Thursday evening. Please complete the following information:

NAMI NC will try to accommodate roommate requests (check one):

☐ I would like to room with: ________________________________

☐ I need a roommate.

My gender is: ________________________________

☐ I would like a single room and understand that I, the attendee, will be responsible for the additional cost associated with the single room and will be billed by NAMI NC.

Comments: ________________________________

______________________________

Do you have a co-teacher in mind? ☐ Yes ☐ No

If yes, who? ________________________________

Do you know where you want to teach? ☐ Yes ☐ No

If yes, where? ________________________________

BASICS TEACHER REQUIREMENTS:

✓ Must be a NAMI Member and a parent or other primary caregiver of an individual who exhibited mental illness symptoms prior to the age of 13.

✓ Willing to adhere to NAMI policies and to teach BASICS according to the approved curriculum, which includes having a co-teacher for each class.

✓ Committed to teaching BASICS within 6 months of training.

✓ Committed to teaching 2 classes over a 2-year period.

✓ Must be at least 18 years old.

✓ Willing to communicate with NAMI NC state office as requested.

✓ Willing and able to provide group participant data/reporting to NAMI NC as required.

✓ Willing to identify potential new teachers from your classes.

✓ Keep NAMI membership up to date and encourage participants to become NAMI members.

✓ Coordinate classes with local affiliate leaders.

✓ Must have positive regard for, or personal experience with, mutual support.

AGREEMENTS:

It is important that you understand the requirements of the position and have a commitment to this role. Please review the following and indicate your agreement by initialing and signing where indicated.

1. I have read and understand the BASICS Teacher requirements above. _______________(initial)
2. I understand that if there are more applicants than training slots, I may be placed on a waiting list for the training. ___________(initial)

3. I understand that my attendance at the BASICS Teacher training does not guarantee that I will be certified as a BASICS Teacher. ___________(initial)

4. If I am certified as a BASICS Teacher, I acknowledge that I am making a commitment to teach the class at least 2 times in two years. ___________(initial)

5. Unless notified otherwise, my application will remain on file for future trainings for a period of one year. After that time the applicant must re-apply to be considered. ___________(initial)

I, ___________________________________________, have agree to abide by the terms and conditions outlined in the NAMI Signature Program code of conduct and the NAMI Signature Program Operating Policies. This material will be reviewed during your training.

I fully understand that violating any of the conditions outlined in either the NAMI Signature Program Code of Conduct or the NAMI Signature Program Operating Policies may result in the termination of my role as a NAMI Signature Program Educator, Teacher, Mentor, Presenter, Trainer, or any other role designated as a leadership role in any of NAMI’s Signature Programs. I agree to conduct myself in a compassionate and professional manner, because as a program leader I will be representing NAMI NC and my local affiliate.

______________________________________________________     Date: _________________
Signature of Applicant

**AFFILIATE APPROVAL: (From local affiliate president – REQUIRED!)

__________(President Initial) I acknowledge that this individual will be paired with another program leader to conduct BASICS in adherence to the NAMI model.

By signing my approval I agree that this person meets the requirements to attend this training and has the qualities to be a successful NAMI program leader. Additionally, our affiliate will work with this person to initiate or continue this program during the next year.

______________________________________________________     Date: _________________
Signature of Local Affiliate President or Executive Director

*Completed form should be returned to:*

Mail to: NAMI North Carolina-Programs | 309 W. Millbrook Road | Suite 121 | Raleigh NC, 27609
or E-mail to programs@naminc.org or FAX to 919-788-0906