



nami

National Alliance on Mental Illness

Connecticut

**NAMI Family to Family Teacher Application
October 24-26, 2008; Bloomfield, CT**

APPLICATIONS DUE NO LATER THAN 5PM October 15TH

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ Fax _____

Personal or Professional Reference (Name and email or phone) _____

(Please note: Your reference should be someone who knows you well enough to recommend that you be trained to become a teacher.)

Best day/time to call for phone interview _____

A Little Bit About You

Please check all that apply:

- Current NAMI-CT member
- Consumer/person living with mental illness
- Family Member/Friend (of an adult)
- Family Member (of a child/adolescent)
- Son/Daughter of person living with mental illness
- Mental Health Advocate
- Mental Health or other Provider

Race & Ethnicity:

- White
- African-American
- Latino/Hispanic
- Asian
- American Indian
- Other, please tell us _____

Check the NAMI programs you have completed:

- Family to Family 12 week course
- Family to Family Teacher Training
- Peer-to-Peer 9 week course
- Peer-to-Peer Teacher Training
- In Our Own Voice Training
- NAMI Connection Facilitator Training
- Learning Together/Changing Minds Course
- NAMI Basics Teacher Training
- Parents & Teachers as Allies Panelist Training
- Provider Education Panelist Training
- Provider Education 10 week course (as Participant or panel member)
- Other, _____

Background Information

Yes___ No ___ Currently a member of NAMI?

Yes ___ No ___ **If no, are you willing to join?**

Yes ___ No ___ Have you ever been convicted of a felony?

If yes, please explain:

Teacher Position Requirements:

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI Family to Family Teacher model
- ✓ Commitment to begin to teach or co-teach a Family to Family course within six months of the training
- ✓ Commitment to communicate with NAMI-CT state office as requested or needed
- ✓ Ability to provide group participant data to NAMI-CT as required
- ✓ Willingness to identify potential new teachers from your group
- ✓ Positive regard for, or personal experience with mutual support
- ✓ Maintain membership or become a member of NAMI

I have read and understand the NAMI Family to Family Teacher position requirements.
 _____ (initial)

Please tell us why you want to be a NAMI Family to Family Teacher:

*Availability to teach/co-teach NAMI Family to Family Program (Check **all** that applies):*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Yes ___ No__ Do you have your own transportation?

Yes___No__Use Public Transportation?

Yes___ No__ Are you willing to travel?

If yes, how far: ___ 5-10 miles ___ 11-20 miles ___ More than 20 miles

Language(s) other than English you speak fluently?

Information needed should you be selected to attend training:

1. Please specify any dietary restrictions or food allergies.

2. Please specify any accommodations you might need during the training.

3. Yes___ No___ I have my own transportation and I am willing to transport other trainees in my area.

I understand that my attendance at Family to Family Teacher Training does not guarantee that I will be certified as a Family to Family Teacher.

_____ (initial)

(Date)

(Signature)

PLEASE COMPLETE and return via mail, E-mail or fax BY October 15TH to:

Paloma Dee (familyeducation@namict.org)
NAMI-CT
241 Main Street, 5th floor
Hartford, CT 06106
1-800-215-3021
Fax: (860) 882-0240
www.namict.org

