



**nami**

National Alliance on Mental Illness

# Connecticut

## NAMI Family Support Group (including NAMI-CAN)

### Facilitator Application

October 23-24 and 25, 2009; Manchester, CT

**APPLICATIONS DUE NO LATER THAN 5PM October 9<sup>TH</sup>**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Best day/time to call for phone interview \_\_\_\_\_

### A Little Bit About You

**Please check all that apply:**

- Current NAMI-CT member
- Consumer
- Family Member/Friend (of an adult)
- Family Member (of a child/adolescent)
- Mental Health Advocate
- Mental Health or other Provider

**Race & Ethnicity:**

- White
- African-American
- Latino/Hispanic
- Asian
- American Indian
- other, please tell us \_\_\_\_\_

Yes  No I have previously facilitated support groups. (NAMI or other).

**If Yes**, please tell us:

**Please check any 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
- Parents & Teachers as Allies Panelist Training
- Provider Education Panelist Training
- Provider Education 10 week course (as participant or presenter)
- Other, \_\_\_\_\_

**Facilitator Position Requirements:**

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI Support Group Facilitator model
- ✓ Commitment to begin to facilitate or co-facilitate a monthly support group 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 facilitators from their support groups
- ✓ Positive regard for, or personal experience with mutual support
- ✓ Be or become a member of NAMI

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 facilitator.)

Yes \_\_\_ No \_\_\_ Currently a member of NAMI?

Yes \_\_\_ No \_\_\_ If no, are you willing to join?

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please explain:

**Please tell us why you want to be a NAMI Support Group Facilitator:**

Availability to facilitate/co-facilitate NAMI Family Support Group (Check **all** that apply):

	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?

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**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.
  
4. Yes\_\_\_ No\_\_\_ I will need a ride to the training site.

I have read and understand the NAMI Support Group Facilitator position requirements.  
\_\_\_\_\_ (initial)

I understand that my attendance at Facilitator Training does not guarantee that I will be certified as a Support Group Facilitator.  
\_\_\_\_\_ (initial)

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(Date)

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(Signature)

**PLEASE COMPLETE and return via mail, email or fax by October 9<sup>TH</sup> to:**

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



**NAMI Support Group Facilitator 10/2009**