



NAMI Basics Teacher Training Application

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ Fax _____

Best time to call _____

Reference (Name and email or phone) _____

(Please note: Your reference should be someone who knows you well enough to recommend you for the NAMI Basics teacher training.)

Are you a current member of NAMI? Yes _____ No _____ (NAMI membership is required)

Name of Affiliate: _____

Please check all that apply:

Family Member _____ Professional/Social Worker _____

Person with a Mental Illness _____ Other _____

Are you a parent or other direct caregiver of a child/adolescent with a mental illness?

☐ Yes ☐ No

What is the age of the child/adolescent that you are concerned about? _____ years

Has your child been given a diagnosis? ☐ Yes ☐ No

If yes, what is the most current diagnosis? _____

How long has your child exhibited symptoms of mental illness? _____ years

Does your child attend public school? ☐ Yes ☐ No

If no, what type of educational program is your child involved in?

Has your child graduated from High School? ☐ Yes ☐ No
If so, when? _____

Are you a graduate of any of NAMI's education programs? ☐ Yes ☐ No

If yes, please list which ones. _____

Have you attended a NAMI Basics 6-week education course? ☐ Yes ☐ No

Have you ever been convicted of a felony (optional)? ☐ Yes ☐ No

Please describe in 5-10 sentences: Why would you like to become a NAMI Basics Teacher?

Describe your experiences with mental illnesses.

Job Requirements:

- ✓ Willingness to undergo training and adhere to fidelity to program model is required
 - ✓ Commitment to teach at minimum of two 6-week NAMI Basics courses
 - ✓ Ability to provide course data as required
 - ✓ Willingness to identify potential new teachers from education courses
 - ✓ Willingness to promote NAMI membership to course participants
 - ✓ Member of NAMI
- ☐ **I have read and understand the NAMI Basics teacher job requirements.**
_____ (initial)
- ☐ **I understand that my attendance at the NAMI Basics teacher training does not guarantee that I will be certified as a NAMI Basics Teacher.**
_____ (initial)
- ☐ **If I am selected to attend NAMI Illinois' Basics teacher training and receive certification as a teacher, I acknowledge that I am making a commitment to teach a minimum of two NAMI Basics Education Courses.**
- Registration fee of \$150 MUST accompany this application. If the applicant is not accepted for this particular training, your check will be mailed back to you. By endorsing the above applicant, your affiliate will be held responsible for any charges (hotel and meal costs) accrued by NAMI Illinois if the applicant does not show up or cancels less than two weeks prior to this training. Hotel accommodations and travel will be the responsibility of the affiliate and/or the individual attending the training.

Affiliate Presidents: Please attach a letter of recommendation for the individual applying to be a NAMI Basics Teacher. If your affiliate is unable to provide the registration fee please submit a detailed explanation.

Affiliate President's Signature_____

Applicant's Signature_____

Application Checklist:

- ☐ Application
- ☐ Letter of recommendation from affiliate president
- ☐ Training fees \$150.00

Total enclosed \$_____

PLEASE RETURN APPLICATION PROMPTLY WITH ALL FEES TO:

NAMI Illinois
218 West Lawrence
Springfield, Illinois 62704