



Family Support Facilitator Training Application

Class size is limited – Be sure to get your registration in early!

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 Family Support facilitator 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 _____

What is your relationship to the person with mental illness? _____

Please provide a brief history.

Have you attended a Family-to-Family 12-week education course?

Yes _____ No _____

Do you currently attend a NAMI Family Support Group?

Yes _____ No _____

Are you a graduate of any other NAMI education programs?

Yes _____ No _____

If yes, please list which ones: _____

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

Please tell us why you want to be a NAMI Family Support Group facilitator.

Job Requirements:

- ✓ Willingness to undergo training and adhere to fidelity of program model is required
- ✓ Commitment to lead a Family Support group monthly for two years
- ✓ Ability to provide course data as required
- ✓ Willingness to identify potential new facilitators from the group
- ✓ Willingness to promote NAMI membership to support group participants
- ✓ Member of NAMI

☐ **I have read and understand the NAMI Family Support job requirements.**

_____ (initial)

☐ **I understand that my attendance at the NAMI Family Support facilitator training does not guarantee that I will be certified as a NAMI Family Support facilitator.**

_____ (initial)

☐ **If I am selected to attend, I acknowledge that I am making a commitment to participate in the entire NAMI Illinois Family Support facilitator training, and that if I am certified I will lead a Family Support Group monthly for two years.**

(Date)

(Applicant's Signature)

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

- **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 President's Signature_____

Date

Applicant's Signature_____

Date

Application Checklist:

- ☐ Application (3 pages)
- ☐ 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