

ENDING THE SILENCE 2018 Training Application

**Please send this completed application to NAMI Seattle's Program Manager, Katie Mahoney:
katie@namiseattle.org**

We will submit your application when the training date is scheduled!

Training Location: TBD	1-Day Training Schedule
APPLICATION DEADLINE: Will be three weeks prior to training date.	Saturday training, 8am-5pm Online Portion Completed 2 weeks prior

What is NAMI Ending the Silence?

- A 50-minute mental health presentation for middle and high school aged youth available at no-cost to schools, youth clubs, and youth groups.
- Presented by a trained group consisting of:
 - ✓ A young adult living with a mental health challenge age 18-35
 - ✓ An adult living in recovery with mental illness or family member of an individual living with mental illness
- Helps youth learn early warning signs of mental illness and are provided with resources and tools to help themselves, friends or family members who may be in need of support.
- Contact with an individual living with mental illness dispels myths, instills a message of hope and recovery and encourages students to reduce the stigma associated with mental illness.
- ETS reduces stigma through:
 - ✓ Education—provides accurate information about mental illness to promote understanding and dispel myths.
 - ✓ Personal contact—puts a human face to mental illness and provides hope that recovery is possible.

Who can be a NAMI Ending the Silence Presenter?

It is recommended that Affiliates participate in this training only if they have a fully formed team of 2-people as indicated above, otherwise the Affiliate will not be able to implement the program.

- A team includes a young adult age 18-35 living with mental illness willing to share their story and an adult age 18 or older who is either a person living with mental illness or a family member or caregiver with lived experience
- A current member of a NAMI Affiliate
- Willing to complete the online training **two weeks prior to training date**
- Willing to stay for the entire 1-day intensive training
- Because NAMI Ending the Silence is taught in schools and youth settings, applicant should have a flexible schedule so they can present weekdays during school hours.

Registration Information

NAMI Washington will pay for meals, snacks, lodging and all training materials. Your NAMI affiliate is asked to cover your travel and other expenses that you may incur to attend this training. Lodging is at the Comfort Inn and is **double occupancy**. If you require single occupancy, arrangements will need to be made prior to attendance by the attendee and there will be additional costs which will be the responsibility of the attendee. Attending the training is by **pre-registration only**, and class size is limited. If there are more applications than spots for the class a waiting list will be created. In order to reserve a space a \$50 refundable registration deposit **from your affiliate** is required at the time of registration. **If you need to cancel after being accepted, notify Deanna at the state office 206-783-4288 or droy@namiwa.org** so we can fill your spot, or your affiliate will lose its \$50 registration deposit. Since this is a team program, cancelled spots can be filled with another member of the Affiliate who would fulfill the team spot.

APPLICATION FOR Ending the Silence TRAINING
Will notify applicants when 2019 training date is confirmed.

Applicant Name: _____ Pronouns: _____

NAMI Affiliate: _____

Today's Date: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Primary Phone Number: _____ Best time to call: _____

Alternate Phone Number: _____ Best time to call: _____

E-mail: _____

Best way to reach you: Phone Email Remember, the interview must be completed by Phone.

Emergency Contact Name: _____

➤ Area Code/Phone: _____

Do you have any accessibility needs, dietary restrictions, or other issues which need accommodation during training?

Will you be bringing a service animal? Yes No

Training begins Saturday morning. Those who are further than 1 hour away are provided lodging and will want to consider arriving Friday evening (don't forget I-5 traffic snarls!). Please complete the following information:

- I live within 1 hour driving distance of the training site and will not need accommodations
- I will need housing for the following nights: Friday

NAMI-WA will try to accommodate Roommate requests (check one):

- Please assign roommate
 - What is your gender (identity or expression)? _____
 - I would like a room with _____

- I would like a single room and understand I, the attendee, will be responsible for the additional amount and will be billed by NAMI Washington 3 weeks after the training is complete.

Please answer the following questions:

1. Are you NAMI member? Yes No Do you have a nami.org login/password? Yes No
 - If not, you will be required to join NAMI to attend the training.

2. How did you hear about this training class? _____

3. Have you ever been convicted of a crime against another person including but not limited to: assault of any kind, harassment of any kind, or stalking?

Yes No **IF YES, PLEASE USE AN ADDITIONAL PIECE OF PAPER TO EXPLAIN THE ISSUE AND CURRENT STATUS IN DETAIL.**

4. Have you taken other NAMI classes or trainings?

Yes No

If yes, please list: _____

5. Are you a currently certified to teach/lead any other NAMI Signature Programs?

Yes No If yes, please list all Signature Programs you are certified to lead: _____

Availability to Present (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Because different audiences require different presenters, we ask that you complete the following:

Education – last degree completed: _____

Work/volunteer experience: _____

What language(s) do you speak fluently? _____

Are you a young adult – Age 18-30 Age 31-35

Which describes you (select all that apply)?

- Individual Living with Mental Illness
- Family Member
- Current or Former School Professional
- Family to Family Teacher
- Basics Teacher

What is your – or your family member’s current diagnosis? _____

Are you comfortable with self-disclosure? Yes No

Are you able to maintain a positive outlook and talk about your experience without “going negative”? Yes No

Are you willing to undergo a background check if required by your NAMI Affiliate? Yes No

Why do you want to be an Ending the Silence Presenter? (please attach extra paper as needed):

What was your experience as a young person with a mental illness in the school system, as a teacher and/or as a parent/caregiver with a child in the school system? (please attach extra paper as needed):

What can you share about your experience that can help school personnel create a more supportive learning environment for youth with a mental illness and/or connect students with warning signs of mental illness to get support and services early? (please attach extra paper as needed):

What does recovery in relation to mental illness mean to you? (please attach extra paper as needed):

What are your views on the roles of teachers and parents in the school setting in relation to youth with mental illness? (please attach extra paper as needed):

Performance Agreement for ETS Presenter Trainees

Please indicate your agreement to these requirements by checking each box below

- I am a current member of a NAMI affiliate – If not, you will be required to join NAMI to attend the training.
- I am willing and able to complete this intensive 1-day training and to abide by the NAMI program model.
- I understand that the online training could take 6-8 hours to complete and is required before attending training.
- I will complete the online training by the end of the day, Monday, June 11, 2018.**
- I will commit to arriving at the training on time, and to completing the entire day of this training (Sat 9am – 5pm.)
- I understand that if I do not stay for the entire training I will not receive a certificate of completion and would have to re-take the entire class in order to receive a certificate of completion.
- I understand that I could complete the entire training, and that my skills will be evaluated by the Trainer(s), and they will decide if I have the skills to be an ETS Presenter.**
- I understand that ETA Presentations are not intended to recommend or endorse specific medications or therapies, but instead to educate and empower educational leaders.
- I will stay in contact with my NAMI Affiliate and provide presentation data to NAMI Washington and NAMI National's Education data reporting requirements.
- I agree to be a presenter for a Ending the Silence for a minimum of two years to help meet the needs of my Affiliate.
- I will communicate promptly with the NAMI Washington state office, as requested or required, and will submit all forms and data to the state and national offices, as required by an Ending the Silence Presenter.
- I will work to identify potential Ending the Silence presenter-candidates who participate in my groups, so that my local affiliate will be able to educate more members in my community.
- I will regularly encourage my group participants to become NAMI members so that my local affiliate and NAMI Washington can continue to offer support and education to members of my community.

Note: Applicants will be contacted for a brief telephone interview prior to being accepted into the training.

Applicant Signature _____ Date _____

This final section must be completed by the affiliate executive director, president or vice president.

- This person is a current member of our affiliate. Membership Expiration Date _____
- This person meets the requirements to attend this training per the NAMI Washington Training & Education Program Guidelines for 2018, and has the qualities to be a successful ETS presenter.
- Our affiliate will work with this person to initiate or continue this program during the next year.
- I have had a conversation with the applicant about their commitment and responsibilities to our affiliate.
- I have arranged transportation to the training for this applicant.
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- I have arranged transportation to the training for this applicant.
- A deposit of \$50.00, payable to NAMI Washington, for each applicant is enclosed. We understand that the deposit will be returned to our affiliate if this individual successfully completes the entire training.
- I understand that this training is on a first come, first serve basis after the completed application and deposit has been received in the NAMI WA office. Where necessary, priority may be given to areas with critical need and this will be a decision made by NAMI WA.
- This affiliate has submitted all 2017 Education Data to the NAMI Data Collection Site. I understand that no affiliates from our affiliate will be able to participate in a State Training if our Education Data has not been uploaded.
- This affiliate is up to date with submission of all 2018 Education Data to the NAMI Data Collection Site.

NAME and TITLE of NAMI Affiliate Leader (printed): _____

Name of NAMI Affiliate: _____

Signature: _____ Date: _____

Email of Affiliate Leader: _____ Phone Number: _____

FOR AFFILIATE LEADERS ONLY: Keep a copy for your records and send this completed and signed application with your \$50 deposit. If your affiliate is sending more than one attendee please send a separate \$50 check with each application. We will return all checks within 3 weeks of completion of the training, unless the applicant fails to attend the training without notification of cancellation by June 18, 2018. Return Applications to: NAMI Washington 1107 NE 45th St., Suite 230, Seattle, WA 98105 Or submit via email to: droy@namiwa.org