

**NAMI Basics Education Program
Teacher Application**

Name _____ Date _____

Home Address _____

_____ County _____

Phone: Home _____ Work _____

Email _____ DOB: _____

Race (please check): Caucasian ____, African American ____, Latino ____, Native American ____, Asian ____,
Other: _____

Military Status (please check if applicable): Active ____, Vet ____

1. Have you ever taken the NAMI Basics 6 week Course?

Yes No

If yes, give teacher's name, location of class and date.

If no, have you ever taken any other NAMI educational courses (Family to Family, Peer to Peer, Support Group Facilitator Training, IOOV)?

Yes No

If yes, give teacher's name, location of class and date.

2. Are you a member of NAMI NC? Yes No

If yes, list the affiliate you are associated with: _____

Do you have the support of your local affiliate president to attend this training? Yes No

Name of Affiliate president giving support: _____

3. Are you a member or facilitator of a support group? Yes No

If yes, where does your group meet?

Would you be interested in starting a parent support group? Yes No

4. Are you a parent or other direct caregiver of an individual who developed symptoms of mental illness before the age of 13?

Yes No

5. What is the age of that individual now? _____ years

6. Has he/she been given a diagnosis? Yes No

If yes, what is the most current diagnosis? _____

7. How long has he/she exhibited symptoms of mental illness? _____ years

8. Does/did your child attend public school? Yes No

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

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

Please describe in 5-10 sentences

1. Why you would like to become a NAMI Basics Teacher?

2. Your experiences with a child or adolescent with mental illnesses.

I understand that my attendance at the Basics Teacher Training does not guarantee that I will be certified as a NAMI Basics Teacher. I acknowledge that if I receive teacher certification, I am making a commitment to teach the 6 week class at least 2 times in the first year of being trained.

Signature of Teacher Applicant

Date

Affiliate President

Date

Please Return To:
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