



NAMI Basics Education Program Teacher Application

Course Location: Paradise Valley Hospital, 3929 E. Bell Rd., Phoenix, AZ 85032
Date & Time: April 5 - 7, 2013 - 2 p.m. Friday - 12 Noon Sunday

Directions and additional information will be sent by mail or Email prior to the course date once you are accepted into training. Class size is limited so please register early.

Name: _____ Date: _____

Home Address: _____

Phone: _____ or _____ Email _____

Per Basics program requirements:

- Will you teach the course at least twice in the next two years? Yes ___ No ___
- Will you agree to maintain NAMI membership during commitment? Yes ___ No ___
- Will you agree to maintain confidentiality of participants? Yes ___ No ___
- Will you agree to work with affiliate to coordinate classes and conduct outreach and recruitment? Yes ___ No ___
- Will you agree to complete and turn in all required paperwork and forms? Yes ___ No ___

1. Have you taken the NAMI Basics 6 week course? Yes ___ No ___

If yes, what year and location of class _____

2. Are you a member of NAMI Yes ___ No ___ If yes, which affiliate? _____

If not a member, please join before handing in application.

3. Are you the parent or other direct caregiver of an individual who developed symptoms of mental illness before the age of 13? Yes ___ No ___

4. What is the age of that individual now? _____

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

If yes, what is the current diagnosis? _____

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

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

If not, what type of educational program is/was your child involved in?

8. 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 living with mental illness.

If selected to attend:

Do you have food allergies? Yes ____ No ____ . If yes, please list _____

Are there any considerations we need to be aware of as we make your accommodations?

Please complete and mail to: NAMI - 5025 E. Washington Street, Suite 112, Phoenix, AZ 85034
or fax to: 602.252.1349. Call 602.866.0002 or NUTRTN1@COX.NET with questions.