

Please Print

Family Support Group (FSG) Facilitator Application

_____, _____
Last Name First Name

Nickname:		Year of Birth: *		Spouse or Partner Name**:				
I self-identify as: (put "yes" FOLLOWING the correct identification)		an Individual with Mental Illness		a Family Member		Both		
EMAIL ADDRESS:				Please number your phone types in your order of preference for us to use to contact you.	Cell	Home	Work	Other
PHONE NUMBERS: 10-digit numbers only. Please don't format the numbers with parenthesis, dots, dashes or spaces.	H		C		W			
ADDRESS			APT		CITY			Zip+4
My Affiliate is:			ETHNICITY: *** please mark the block ABOVE your ethnicity ↓					
White	Black	Hispanic/Latino	Alaska Native	American Indian	Asian American	Native Hawaiian	Pacific Islander	Decline to answer
<p>* We ask your year of birth make sure Kentucky has people in a broad range of ages for its programs. ** We ask your Spouse/partner name to enable polite conversation when calling you. *** We ask your ethnicity your ethnicity to determine the need for training a broader spectrum of people.</p>								
My Relatives with mental illness who qualify me to take this course are:								
FIRST NAME	AGE	DIAGNOSIS			ONSET AGE	I am the <u> (fill in the blank below) </u> of this individual		

I commit to each of the following:

- I am at a point in my life where I am familiar and comfortable with the emotional issues families face with relatives with mental illness.
- I can self-disclose about my own feelings of guilt, anger, shame, ambivalence and grief regarding my life situation.
- I am willing to participate in an intensive Saturday & Sunday training in facilitating in accordance with NAMI standards.
- I am willing to make the commitment to participants in the training, the co-leaders, to NAM Kentucky and my local affiliate to complete the training course once it begins.
- I am committed to make myself available to facilitate a regularly scheduled Family Support Group in accordance with the needs of my affiliate for the next five years, if asked to do so. I understand that this commitment is for a support group scheduled at least once per month.
- I will work with my local affiliate or NAMI Kentucky to market and offer a regularly scheduled Family Support Group within 3 months of this training.
- I will join and/or maintain my membership with NAMI while serving as a Family Support Group facilitator.
- I understand that WO facilitators are necessary for a support group session, and will comply with that NAMI requirement.

Signature

(please complete next page!)

1. Have you been trained as a trainer, teacher, or facilitator for any other NAMI Signature Program? Please complete the information for the programs for which you have been trained:

Program Name	Year Trained as a Teacher	Year Trained as a Facilitator	Year Trained as a Trainer
Family-To-Family Edu. Course			
Family Support Group			
Basics Education Course			
Connections Support Group			
In Our Own Voice			
Provider Education Course			

2. Have you ever been convicted of a misdemeanor or felony carrying a potential jail or prison term (excluding traffic offences)?

Yes		No	
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3. If yes, please explain: _____

(a conviction does not preclude you from being a facilitator, but some offenses might prevent you from training for that role.)

4. I authorize NAMI Kentucky or its agents to conduct background check on me. _____
Signature Date

5. What are the names of other active members of you affiliate applying for this training or already trained as a FSG facilitator?

6. If there are no other FSG previously trained facilitators or applicant from you affiliated, please explain how you will utilize this training:

7. _____, _____, of _____
(president, education coordinator, executive Director or similar person) (title or position) (affiliate name)
 recommends that I be trained as a Family Support Group Facilitator.

Signature

Date

Send your COMPLETED application to: NAMI Kentucky namiky@bellsouth.net or fax it to +1 (606) 677-4050 or mail it to NAMI Kentucky, c/o Somerset Community College, 808 Monticello Street, Somerset KY 42501