

NAMI Support Group Facilitator Training Application Form

Fax Form: 207-621-8430 **Email:** ccantybrooks@namimaine.org

Phone: 1-800-464-5767 x 2305

or mail form to:

NAMI Maine

Christine Canty Brooks

1 Bangor Street

Augusta, ME 04330

2-day Training
9-5 p.m. both days

**Fill in the location of the training
you are interested in attending:**

Name _____
(as it should appear on certificate)

- I am a peer and interested in co-facilitating a peer group**
(for people living with a mental health challenge)
- I am a family member and interested in co-facilitating a family group**
(for family members who have a loved one who has a mental health challenge)
- I am a veteran or veteran family member and interested in co-facilitating a veterans group** (for veterans/veteran family members affected by mental health concerns)

REQUIREMENTS (please check if you agree)

- Ability to commit to consistently facilitate a NAMI support group for 1 year following this training (a minimum of once a month for 1 year).**
- Ability to provide group participant data as required.**
- Willingness to always follow the NAMI model when facilitating a group.**
- Willingness to identify potential new facilitators from the support group.**
- Positive regard for, or personal experience with mutual peer support.**
- Be or become a member of NAMI.**

Why do you want to be a support group facilitator? (use the back if needed)

Which areas are you available to facilitate in?

Are you a graduate of any other NAMI programs?

If yes, list which ones.

I understand that my attendance at Facilitator Training does not guarantee that I will be certified as a NAMI Facilitator. _____(initial)

If you have a disability and require accommodations to fully participate in this training, please submit your request below:

Directions and additional information will be sent prior to the training.