

RCM Basic Survivors' School of Healing

RECORDED Online Version

May 3-22, 2021

Purpose:

This school is designed to educate and guide survivors in achieving healing from the dissociative dynamics of DID using the Primary Identity Approach, which greatly shortens the process compared to the traditional alter-centered approach. Training will include teaching from Diane Hawkins, live ministry videos, and step-by-step personal application in a provided workbook. The school will be presented from a Christian perspective.

Logistics:

The recorded school consists of 20 hours of teaching, Q & A, and videos and will be available 24/7 from May 3-22, allowing you the freedom to watch the recorded segments on your own schedule. You will receive:

- A link for each day of the school and a password for access.
- A separate link for a live Q & A webinar with Diane Hawkins on May 22 at 12:00 p.m. (noon) Eastern Time. This will be sent on May 20th or 21st.

No new registrations will be accepted after May 3rd in order to allow time for receipt of prerequisite materials and completion of the course. (Repeat attendees may register at any time.)

For our liability concerns and the commitment we have made to the survivors whose live ministry demonstrations are shown, we request that you do not share the website link that you will receive with any person other than your designated support partner.

School Facilitator: Diane Hawkins, President of Restoration in Christ Ministries

Who May Attend:

- Trauma survivors: All trauma survivors can benefit from the school, but it is especially designed for those with some level of dissociation in their lives.
- Counselors and Prayer Ministers: DID healing facilitators desiring to know how to use the Primary Identity Approach for healing DID are welcome to attend with or without a survivor for educational purposes.

Prerequisites for Survivors:

1. Listen to the following two CDs: (available at www.rcm-usa.org/CD-Singles.html)
 - a. "Why Am I Not Getting Healed?"
 - b. "Experiencing More of God NOW"
2. Purchase and read the introduction to *A Survivor's Workbook: Applying the Primary Identity Approach to the Healing of DID*. (available at www.rcm-usa.org/Books.html)
3. Arrange for your counselor or support person to be with you during the sessions at least for the first time that you view the recordings. Contact us if that is a problem.

Cost:

- First time attendees (repeat attendees no charge):
 - Survivors \$75* Counselors/Prayer ministers as support persons \$75*
 - Counselors/Prayer ministers attending alone \$200*
 - Family member, friend, or RDT intern as support person: No charge
- *A Survivor's Workbook: Applying the Primary Identity Approach to the Healing of DID*: \$25 **(required for all survivors and counselors and prayer ministers attending alone)**
- Survivor Prerequisite CDs: \$7 each

*Scholarship help is available by application, if needed.

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Survivor Registration Form

Name of DID survivor: _____

E-mail address: _____ Phone: _____

Name of support partner: _____

Your support partner can be a spouse, family member, close friend, counselor, or prayer minister (pm) who is able to do the following:

1. Recognize when the survivor is overwhelmed and recommend that he/she step back from the teachings or videos
2. Know how to handle the survivor if he/she switches or is triggered
3. Offer appropriate support for the survivor when feeling a range of potential emotions, including confusion, frustration, sadness, depression, despair, anger, anxiety, or agitation
4. Attend all sessions with the survivor
5. Make sure the survivor is in a stable condition before leaving him/her

My support person is a (check one) counselor/pm _____ family member _____ friend _____

_____ Check here if you are choosing a counselor or prayer minister who has previously attended a paid school or internship.

_____ Check here if you are unable to find a support person and feel you are stable enough to attend without one.

_____ Check here if you would like to apply for a partial scholarship.

Please **INITIAL** (do not check) your agreement with the following and sign below:

_____ I acknowledge that I am a survivor of childhood trauma.

_____ I acknowledge that my support person is knowledgeable of DID and can meet the above qualifications.

_____ I will not allow any unregistered persons to view these recordings or the live Q & A webinar.

_____ I will not record any portion of this school in any format.

_____ I will keep all identifying information from the live ministry videos I watch confidential.

_____ I acknowledge that I am viewing this school by my own will and that RCM has not promised any guaranteed results from it. I hereby release RCM and Diane Hawkins of all liability for any results obtained, either positive or negative.

Dated this _____ day of _____, 20____

(Survivor Signature)

(Survivor Print name)

Please **print, sign, and mail** to: Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441
or **FAX** to 540-249-9716
or **scan and e-mail** to rcmoffice@rcm-usa.org.

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Support Person Registration Form

Name of support partner: _____

E-mail address: _____ Phone: _____

Name of survivor: _____

Are you a counselor, prayer minister, spouse, friend, or other? _____

_____ Check here if you are a counselor or prayer minister who has previously attended a paid school or internship.

_____ Check here if you would like to apply for a partial scholarship.

Requirements for being a support person for the RCM Online Survivors' School:

1. Being able to recognize when the survivor is overwhelmed and to recommend that he/she step back from the teachings or videos
2. Knowing how to handle the survivor if he/she switches or is triggered
3. Being able to offer appropriate support for the survivor when feeling a range of potential emotions, including confusion, frustration, sadness, depression, despair, anger, anxiety, or agitation
4. Attending all sessions with the survivor at least for the first time they are viewed
5. Making sure the survivor is in a stable condition before leaving him/her

Please **INITIAL** (do not check) your agreement with the following and sign below:

_____ I acknowledge that I am knowledgeable of DID and can meet the above qualifications.

_____ I will not allow any unregistered persons to view any part of the recorded school or the live Q & A webinar.

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Dated this _____ day of _____, 20____

(Support Person Signature)

(Support Person Print name)

Please **print, sign, and mail** to:

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or **FAX** to 540-249-9716

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Counselor/Prayer Minister Attending Alone Registration Form

Name: _____

E-mail address: _____ Phone: _____

Please check: I am a licensed counselor. _____ I am a prayer minister. _____

_____ Check here if you would like to apply for a partial scholarship.

Please **INITIAL** your agreement with the following and sign below:

_____ I will not allow any unregistered persons to view any part of the recorded school or the live Q & A webinar.

_____ I will not record any portion of this school in any format.

_____ I will keep all identifying information from the live ministry videos I watch confidential.

_____ I acknowledge that I am viewing this school by my own will and that RCM has not promised any guaranteed results from it. I hereby release RCM and Diane Hawkins of all liability for any results obtained, either positive or negative.

Dated this _____ day of _____, 20____

(Signature)

(Print name)

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