

# **RCM LIVE Online Advanced Survivors' School of Healing**

## **Part A: Primary Identity Approach**

**November 11-13, 2021**

### **Purpose:**

**Part A** of this advanced school extends the teachings of the **Basic Online Survivors' School of Healing** by providing deeper insights for troubleshooting and an interactive opportunity to explore personal stuck places in applying the Primary Identity Approach for healing DID. This may potentially include the opportunity to receive limited ministry in front of the group.

### **School Instructor:**

Diane Hawkins, President of Restoration in Christ Ministries

### **Who May Attend:**

- All dissociated survivors of childhood trauma who meet the qualifications specified on page 2. Every survivor must have a support person attend with them unless authorization is obtained otherwise.
- Counselors and prayer ministers may also attend on their own for learning purposes.

### **Prerequisite:**

Attendance at the **Basic Survivors' School of Healing** (This is required for all survivors as well as for counselors and prayer ministers attending alone or serving as support people in order to get the most benefit from the school. It does not apply to spouses or friends serving as support persons.)

### **Cost:**

Part A—\$150

This cost applies to survivors and counselors or prayer ministers attending alone or serving as support people. No charge for spouses or friends serving as support persons. Scholarship help is available upon request.

**Deadline for registration is November 8.**

### **Attendance Options:**

- On-camera option (limited to 15 survivors): If you are willing to be recorded, you may be part of the visible group with whom Diane will interact directly and who will be eligible to receive ministry to help get unstuck from a Primary Identity Approach problem.
- Off-camera option: If you prefer not be recorded, you may audit with your camera off. You will be able to ask questions via a Chat box.

### **Schedule:**

We will run the program from **12:00 noon Eastern Standard Time to 6:30 p.m.** with a half-hour break in the middle (along with other shorter breaks). The daily schedule will consist of devotions, teaching sessions, demonstration videos, ministry sessions, and Q & A times.

## Qualifications for Survivors

Please note that the qualifications for attending the online school are slightly different from attending the in-person school. They are designed to protect the well-being of the survivor and to assure the smooth operation of the school for the benefit of all attendees.

1. Survivors must be stable enough to maintain a composed, adult state during the school sessions. Those who are easily overwhelmed or triggered will be unable to absorb the material presented. Anyone observed to be having such difficulties online will be treated with kindness but be blocked from on-camera participation.
2. Survivors must obtain their therapist/prayer minister's agreement to their attendance and assessment of their need for a support person to handle any reaction difficulties the survivor may experience during the school. Survivors without a therapist or prayer minister must obtain this from their pastor, small group leader or other approved third party (preferably not a family member).
3. Survivors must recognize that a relationship with God will be stressed in this school and must be able to handle this.

We regret that these criteria may prevent some survivors from attending the school.

If you have any questions about qualifications,  
contact Sheila at [information@rcm-usa.org](mailto:information@rcm-usa.org).

If you have any questions about registration or payment,  
contact Joy at [rcmoffice@rcm-usa.org](mailto:rcmoffice@rcm-usa.org).

**LIVE ONLINE ADVANCED SURVIVOR SCHOOL—PART A – November 2021  
Survivor Registration Form**

**Name of DID survivor:** \_\_\_\_\_

Country attending from: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Support Partner: \_\_\_\_\_

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

Please **INITIAL** (do not check) your agreement with each of the following statements that apply:

\_\_\_\_ I acknowledge that I am a survivor of childhood trauma.

\_\_\_\_ I have carefully considered the attendance requirements for the RCM Advanced Survivors' School of Healing and feel that I am able to meet them.

\_\_\_\_ I will not allow any unregistered persons to attend the school with me.

\_\_\_\_ I will not record or download any portion of this school in any format.

\_\_\_\_ I will keep all identifying information from the live ministry sessions and videos I watch confidential.

\_\_\_\_ I understand and agree that RCM reserves the right to refund the registration fee and block from further attendance any person who is perceived to be unable to cope with the material presented and/or whose presence is perceived to be a threat to others in attendance.

\_\_\_\_ 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.

\_\_\_\_ I am open to receiving ministry in front of the group to help me address areas of the Primary Identity Approach which I am having difficulty in applying to myself. In order to do this, I realize that I must choose the on-camera option below and agree to being recorded in the school.

\_\_\_\_ I would like to attend on-camera.      \_\_\_\_ I would like to attend off-camera.

I will use the following log-in designation for myself: \_\_\_\_\_

We need to know your log-in designation so that we can verify that you are registered and allow you to enter the Zoom meeting.

Survivor Signature: \_\_\_\_\_ Date \_\_\_\_\_

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](mailto:rcmoffice@rcm-usa.org).

**LIVE ONLINE ADVANCED SURVIVOR SCHOOL—PART A – November 2021**  
**Survivor Authorization Form**

Please give this page to the person who will approve your stability to attend this school and have him or her **INITIAL** (do not check) each of the following statements that apply and sign below:

**Name of DID Survivor:** \_\_\_\_\_

\_\_\_\_\_ I believe this survivor is able to maintain a composed, adult state during the school and will not be overwhelmed or triggered by material presented on **DID**.

\_\_\_\_\_ I believe this survivor should have a support person attend the school with him/her.

\_\_\_\_\_ I believe this survivor should have a support person available "on call" during this school.

\_\_\_\_\_ I believe this survivor will be able to handle the material presented on **DID** without having a support person.

**For survivors who are currently in treatment:**

Therapist/Prayer Minister: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

**For survivors who are not currently in treatment:**

Pastor/Home Group Leader: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

Other: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe relationship with other if this is used:

\_\_\_\_\_

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**LIVE ONLINE ADVANCED SURVIVOR SCHOOL—PART A – November 2021  
Support Partner Registration Form**

**Name:** \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of person you will be supporting:** \_\_\_\_\_

**I am \_\_\_\_\_ am not \_\_\_\_\_ a counselor or prayer minister.**

**Qualifications**

1. Must be familiar with DID and have had some experience in working with a person with DID when they switch or are triggered
2. Must be comfortable in offering appropriate support to the person, who might feel a range of emotions in response to the teachings, including confusion, frustration, sadness, depression, despair, anger, anxiety, or agitation
3. Must be able to attend all sessions with the person and make sure he/she is in a stable condition before leaving him/her
4. Must be fully available during all sessions if designated as an "on call" support person

If you have any questions about qualifications,  
contact Sheila at [information@rcm-usa.org](mailto:information@rcm-usa.org).

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

\_\_\_\_\_ I affirm that I meet the above stated qualifications.

\_\_\_\_\_ I agree not to record or download any portion of this school in any format.

\_\_\_\_\_ I will keep all identifying information from the live ministry sessions and videos I watch confidential.

\_\_\_\_\_ I will not allow any unregistered persons view any part of the school.

I will use the following log-in designation for myself: \_\_\_\_\_

We need your log-in designation so we can verify your registration and admit you to the Zoom meeting. We also need the country you are in: \_\_\_\_\_

**Support Person Signature:** \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions about registration or payment,  
contact Joy at [rcmoffice@rcm-usa.org](mailto:rcmoffice@rcm-usa.org).

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**LIVE ONLINE ADVANCED SURVIVOR SCHOOL—PART A – November 2021  
Counselor/Prayer Minister Attending Alone Registration Form**

**Name:** \_\_\_\_\_

Country attending from: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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 attend the school with me.

\_\_\_\_\_ I agree not to record any portion of this school in any format.

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

I will use the following log-in designation for myself: \_\_\_\_\_

We need your log-in designation so we can verify your registration and admit you to the Zoom meeting.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

If you have any questions about registration or payment,  
contact Joy at [rcmoffice@rcm-usa.org](mailto:rcmoffice@rcm-usa.org).

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