

RCM Basic Survivors' School of Healing

RECORDED Online Version—Repeat Attendee

February 28—March 19, 2022

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 February 28—March 19, 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 to be used for a live Q & A webinar with Diane Hawkins on March 19 at 12:00 p.m. (noon) Eastern Time. This will be sent on March 17th or 18th.

For our liability concerns and the commitment we have made to the survivors whose live ministry demonstrations are shown, we need a signed registration form from you each time you attend the school and request that you do not share the website link that you will receive with any person other than your designated support person.

School Facilitator:

Diane Hawkins, President of Restoration in Christ Ministries

Cost:

- No charge for any survivor, counselor, prayer minister who has attended the school before
- \$75 for a new counselor/prayer minister used as a support person
- No charge for non-counselor/prayer minister person used as support person
- Updated 3rd edition of *A Survivor's Workbook* if you purchased a previous edition:
 - Printed copy: \$20
 - PDF copy: \$12.50

RECORDED ONLINE SCHOOL – February—March 2022

Survivor Registration Form—Repeat Attendee

Name of DID survivor: _____

E-mail address: _____

Country if not in the US: _____ Phone: _____

Please **INITIAL** (not check) your agreement with all of the following that apply and sign below:

_____ I was not triggered the first time that I attended this school and would like to attend the review without a support person. I will be responsible for my own well-being.

_____ I want to purchase an updated 3rd edition of *A Survivor's Workbook*.

_____ Printed copy: \$20

_____ PDF copy: \$12.50

_____ I will be attending with a support person.

Name of support person: _____

Your support person can be a spouse, family member, close friend, therapist, or prayer minister who is a stable, mature individual 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 counselor or prayer minister.

_____ My support person has previously attended a survivors' school or internship.

_____ My support person is also an unhealed DID survivor.

_____ 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.

RECORDED ONLINE SCHOOL – February—March 2022

Support Person Registration Form—Repeat Attendee

Name of support person: _____

E-mail address: _____

Country if not in the US: _____ Phone: _____

Name of person you will be supporting: _____

I am _____ am not _____ a counselor or prayer minister.

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** (not check) your agreement with all of the following that apply and sign below:

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

_____ I am a counselor or prayer minister who has previously attended a paid school or internship.

_____ I am a friend, spouse, or family member.

_____ I am also an unhealed DID survivor.

_____ I want to purchase an updated 3rd edition of *A Survivor's Workbook*.

_____ Printed copy: \$20

_____ PDF copy: \$12.50

_____ I am a counselor or prayer minister attending for the first time. I am paying \$75.

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

_____ Check here if you would like to order *A Survivor's Workbook* for \$25.

_____ 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____

(Support Person Signature)

(Support Person Print name)

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RECORDED ONLINE SCHOOL – February—March 2022
Counselor/Prayer Minister Attending Alone Registration Form
Repeat Attendee

Name: _____

E-mail address: _____

Country if not in the US: _____ Phone: _____

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

_____ I want to purchase an updated 3rd edition of *A Survivor's Workbook*.

_____ Printed copy: \$20

_____ PDF copy: \$12.50

Please **INITIAL** (not check) 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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