

# **RCM Basic Survivors' School of Healing**

## **RECORDED Online Version—Repeat Attendee**

**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 to be used 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 20<sup>th</sup> or 21<sup>st</sup>.

*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 partner.*

### **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 3<sup>rd</sup> edition workbook price if you purchased a previous edition:
  - Printed copy: \$20
  - PDF copy: \$12.50

**RECORDED ONLINE SCHOOL – May 2021**  
**Survivor Registration Form—Repeat Attendee**

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

E-mail address: \_\_\_\_\_ 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 will be attending with a support person.

**Name of support partner:** \_\_\_\_\_

Your support partner can be a spouse, family member, close friend, therapist, or prayer minister 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 counselor or prayer minister.

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

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

**RECORDED ONLINE SCHOOL – May 2021**  
**Support Person Registration Form—Repeat Attendee**

**Name of support partner:** \_\_\_\_\_

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

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

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

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 friend, spouse, or family member.
- \_\_\_\_ I am a counselor or prayer minister who has previously attended a paid school or internship.
- \_\_\_\_ 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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or **FAX** to 540-249-9716 or **scan and e-mail** to [rcmoffice@rcm-usa.org](mailto:rcmoffice@rcm-usa.org).

**RECORDED ONLINE SCHOOL – May 2021**  
**Counselor/Prayer Minister Attending Alone Registration Form**  
**Repeat Attendee**

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

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

Please check: I am a licensed counselor \_\_\_\_\_ I am a prayer minister \_\_\_\_\_

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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