

LIVE Online
RCM Advanced Survivors' School of Healing
Part A: Primary Identity Approach

May 19-20 and 22-23, 2025

Deadline for registration is May 12.

Deadline for payment is May 14.

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:

- Survivors attending on-camera \$175
- Survivors attending off-camera \$125
- Counselors or prayer ministers attending as support people \$100
- Counselors or prayer ministers attending alone \$150
- No charge for family member or friend serving as support person.
- No charge for RDT interns or grads.

*Financial assistance is available upon request.

Attendance Options:

- On-camera option (limited to 11 survivors): If you are willing to be video-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. You must be able to attend all sessions in their entirety to be in the on-camera group. We would also like you to have a headset/microphone in order to maintain the privacy of the school and to reduce feedback and background noise or to assure that you are in a perfectly quiet and secluded room.
- Off-camera option: If you prefer not be video-recorded, you may audit with your camera off. You will be able to ask questions via a Chat box but not to receive ministry.

Schedule:

We will run the program from **12:00 noon Eastern Time to 6:30 p.m.** with a 45-minute break in the middle (along with other shorter breaks). The daily schedule will consist of devotions, teaching reviews, extensive Q & A, and mini live ministry sessions.

Qualifications for Survivors

Please note that these qualifications 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 choosing an on-camera option must be stable enough to maintain a composed, adult state during the school sessions. Anyone observed to be having difficulties doing so will be treated with kindness but be prohibited from further on-camera participation.
2. Survivors must obtain their therapist/prayer minister's agreement to their qualification for attendance and assessment of their need for a support person to handle possible 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,
contact Joy at rcmoffice@rcm-usa.org.

(Please note that information sent by e-mail is less secure.)

RCM LIVE ONLINE
ADVANCED SURVIVORS' SCHOOL—PART A – May 2025
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 financial assistance.

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 or have any kind of access to the school.

____ 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, Diane Hawkins, and her support staff from 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 video recorded in the school. I understand that ritual abuse dynamics will not be addressed.

____ 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.

(Please note that information sent by e-mail is less secure.)

RCM LIVE ONLINE
ADVANCED SURVIVORS' SCHOOL—PART A – May 2025
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, if requesting to attend on-camera, will be able to maintain a composed, adult state during the school and will not be overwhelmed or triggered by material presented on **DID** and trauma healing.

_____ 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 in this school on **DID** and trauma healing without having a support person.

For survivors who are currently in treatment:

Therapist/Prayer Minister Printed Name: _____

Email: _____

Signature: _____ Date _____

For survivors who are not currently in treatment:

If you do not have a therapist or prayer minister to approve your attendance and assess your support level, please give this form to someone else who knows you well enough to provide this information. RCM will determine if the person you choose is acceptable. Please use a family member only as a last resort.

Printed name: _____ Email: _____

Signature: _____ Date _____

Please describe your relationship to this person:

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RCM LIVE ONLINE
ADVANCED SURVIVORS' SCHOOL—PART A – May 2025
Support Partner Registration Form

Name: _____

Country attending from: _____ Phone: _____

E-mail address: _____

Name of person you will be supporting: _____

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

I am an RDT intern or grad. _____

_____ Check here if you would like to apply for financial assistance.

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 subject matter covered, 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.

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 to attend or have any kind of access to the school.

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

We need this so we can verify your registration and admit you to the Zoom meeting.

Support Person Signature: _____ Date _____

If you have any questions about registration or payment,
contact Joy at rcmoffice@rcm-usa.org.

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

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RCM LIVE ONLINE
ADVANCED SURVIVORS' SCHOOL—PART A – May 2025
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. _____

I am an RDT intern or grad. _____

_____ Check here if you would like to apply for financial assistance.

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

_____ I will not allow any unregistered persons to attend or have any kind of access to the school.

_____ 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 videos I watch confidential.

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

We need this 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.

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