



# APPLICATION FORM

FULL NAME:

DATE OF BIRTH:

MALE

FEMALE

HOME ADDRESS:

EMAIL ADDRESS:

CONTACT NUMBER:

COUNTRY:

PROFESSION:

STUDY:

ARE YOU A TEACHER OF YOGA?

YES

NO

HOW LONG HAVE YOU BEEN PRACTISING YOGA?

PLEASE BRIEFLY DESCRIBE THE FOLLOWING:

1) THE STYLE(S) OF YOGA YOU HAVE PRACTISED

2) HOW OFTEN YOU ATTEND CLASSES AND WHERE

3) YOUR HOME PRACTICE (IF YOU HAVE ONE)

WHO IS / ARE YOUR MAIN YOGA TEACHER(S)?

HOW LONG HAVE YOU STUDIED WITH THEM?

PLEASE LIST ANY YOGA WORKSHOPS OR YOGA TEACHER TRAINING MODULES YOU HAVE TAKEN WITHIN THE LAST 5 YEARS:



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**DO YOU HAVE ANY QUALIFICATIONS OR TRAINING YOU CONSIDER RELEVANT TO YOGA?  
E.G TEACHING OR TRAINING QUALIFICATION, CERTIFICATIONS IN THE MEDICAL FIELD.  
BODY OR ENERGY WORK?**

**DO YOU HAVE ANY HEALTH ISSUES OR INJURIES YOUR TEACHER SHOULD KNOW ABOUT?  
IF YES, PLEASE PROVIDE DETAILS:**

**PLEASE SUMMARISE IN BETWEEN 150 - 250 WORDS WHY YOU WANT TO BE A YOGA  
TEACHER (PLEASE CONTINUE ON SEPARATE PAGE IF NECESSARY):**

**WHAT ARE YOUR EXPECTATIONS FROM THIS TRAINING?**

**WHAT ARE YOUR ASPIRATION AFTER COMPLETING THIS TRAINING?**

**By signing and submitting this application form you acknowledge that you have read and understood the course prospectus and course schedule and can confirm that you can attend all of the advertised training dates.**

**Signed:**