



Teacher Training Course 200 hours - Level 1 Application Form

Full Name	
By what name do you like to be called?	
Address	
Date of Birth	
Phone Number	
E-mail	
Occupation	

Emergency Contact	
Name	
Relation	
Phone Number	

How long have you been practising yoga?	
Tell us about your yoga experience, including preferred yoga styles, previous trainings and personal practice or anything else relevant to your yoga practice.	

<p>Why do you want to embark on a yoga teacher training? What do you want to get out of this teacher training? What are your expectations for this training?</p>	
<p>What area of your yoga practice would you like to see the most growth with? (This does not have to be something physical.)</p>	
<p>Do you have any health conditions or injuries which may impact your ability to fully participate with our training? Please explain this in detail.</p>	
<p>What does yoga mean to you?</p>	
<p>With the variety of yoga teacher trainings available, why are you choosing this one?</p>	

Is there anything else that you would like to tell us?

Please attach a picture of yourself to this application form so that we can put a face to your name.



Disclosure

I confirm that all the information I have provided is correct and I am aware that this Yoga training is an intensive course.

I understand that I must meet all of the requirements set by Yoga Alliance in order to complete and receive certification.

I understand this is a non-residential course and my meals, books and accommodation are not provided.

I have not withheld any information regarding my health and wellbeing and agree if anything changes I will inform the lead teachers without delay.

Signed	
Print Name	
Date	