yogshakti®

Teacher Training Application Form

Please complete and send to:
shilpa.ghatalia@gmail.com

Please answer all of the following questions:

Full name: _____

Name you wish to be called by: _____

Date of birth: ___ / ___ / __ *(dd / mm / yy)* **Sex:** ☐ Female ☐ Male

Address:
Unit or Apartment _____
Street _____
City _____
State _____
Country _____
Postal / Zip Code _____

Phone:
Daytime _____
Evening _____
Mobile / Cell _____

Email: _____

Website: _____

Course(s) you are applying for:
☐ Foundation
☐ Intermediate
☐ Advanced

How did you hear about our Teacher Training? It is crucial for us to know how our limited advertising budget is working and we appreciate your help.

☐ Yogshakti Website
☐ Internet (please list name of site): _____
☐ Magazine (which one): _____
☐ Friend (please tell us who so we may thank them): _____
☐ Other: _____

How long have you been practising yoga?

What style(s) of yoga have you studied and for how long?

Describe your current practice.

Who is / are your teacher(s)?

How long have you studied with your teacher(s)?

Do you teach yoga? ☐ Yes ☐ No

Why are you interested in attending our Course(s)?

What do you hope to gain from our Course(s)?

What are your present challenges in yoga?

Describe your health.

List all injuries, operations and illnesses.

List any medications you are currently taking, and the reasons for taking them.

Are you pregnant? ☐ Yes ☐ No

If so, when is your baby due?

Describe any other conditions(s) you believe we should be aware of.

List other forms of exercise or sports you participate in.