Application for YogaVanam: Yoga Teacher Programme

Foundation First & Primary Series – Chennai 2019

You may complete this form in your own handwriting or as a Word document and may use a maximum of ONE more additional A4 page if you require it.

PHOTOGRAPH

Please attach a colour passport size photo here.

Date:

Name:

Address:

Country and Postcode:

Phone Number: Landline: Mobile:

Email: Age:

Profession:

**If you live outside York please let us know if you regularly travel to another city (for example for work) as this may be helpful in allocating you to a contact teacher group.**

**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?**

**List the yoga workshops or any yoga teacher training modules you have taken within the last 5 years.**

**Which posture do you enjoy practising most and why?”**

**Which posture represents the greatest challenge for you and why?”**

**Are you currently teaching, or have you ever taught, yoga? If so, please describe the kind of class and students.**

**Do you have any qualifications or training you consider relevant to yoga, for example movement and dance teaching or training qualification, fitness instructor, personal trainer, certifications in the medical field (medical doctor, occupational therapy, physical therapy, etc.) and/or bodywork (massage therapy and energy medicine)? If so, please attach copies of your certificate(s).**

**Please summarise in between 150 and 250 words why you want to be a yoga teacher (please continue on separate page if necessary)**

**Please briefly describe any past or current health issues which may impact on your ability to participate fully in and/or complete the course. (Any information provided will be treated in confidence, and will only be disclosed)**

**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:**

**Date:**

**Please return your application form and references by the closing date by email to:** **teachertraining@yogavanam.com**

**or by post to :**

**YogaVanam, 8/9, 6th street, 1st Avenue, B- Sector, Anna Nagar West Extension, Chennai 600101 .**