



LEVEL ONE YOGA TEACHER TRAINING APPLICATION FORM

Name: _____ Date of Application: _____

Nationality: _____ Date of birth: _____

Phone: Home - _____ Cell number - _____

Email: _____ Occupation: _____

Home Address: _____ Postal address: _____

1. How many years/months have you been practicing yoga regularly?
2. What style (or styles) of yoga have you practiced?
3. Which teachers have you trained with? Which one or two has been most influential to your understanding of yoga?
4. Please include information about other Yoga Teacher Training programs that you have completed.
5. Please list any other types of training or experience that you consider relevant.
6. Are you currently teaching yoga? If so, for how long and how regularly?
7. Please accompany this application with photographs of yourself demonstrating the following postures (with or without props / support). We do not judge how well you can practice the postures. This to make sure that everyone can practice these basic postures. If there are some you cannot do, please choose a substitute, and let us know if there is a particular reason you cannot do the postures.
Trikonasana, Parsvakonasana, Adho and Urdhva Muka Svanasana, Virabhadrasana 1, Urdhva Danurasana or Setu Bandha Sarvangasana, Salamba Sarvangasana, Bakasana
8. Do you currently have any physical injury or medical conditions that we should know about?



jim harrington yoga

teacher training

9. Please note any major illnesses, surgeries or any other physical conditions that you have had.

10. Please list any physical injuries that you currently have effect the way that you do yoga.

11. What sports, exercise or hobbies do you practice in addition to yoga?

12. Please tell me about your mental and emotional wellness. Have you in the past or do you currently suffer from addiction, depression, an eating disorder? Please give details.

13. Please give us a little more information about your asana practice.

On average, my daily practice is A - Mysore style with a teacher,
B – Quiet self practice at home,
C – A class at a yoga studio
D – Other. (Please give details)

14. Do you practice meditation?

15. Do you practice Pranayama?

16. What do you expect to gain from this course?

17. What is your motivation for wanting to join this teacher training course?

THANK-YOU FOR TAKING THE TIME TO FILL OUT THIS FORM AND TO SHARE THIS INFORMATION WITH US. ALL INFORMATION WILL BE KEPT IN CONFIDENCE.