

Awake Yoga Teacher Training Application

Part 1

Name _____

Preferred Pronouns(eg.she/her, they/them, he/him, etc.)_____

Street Address _____

City_____ Prov._____ Postal Code _____

Email Address _____

Phone Number _____

Application Date _____

Date of Birth (DD/MM/YY) _____

Occupation _____

Part 2

Next of Kin _____ Relationship _____

Phone Number _____

Part 3

Describe your experience with yoga. How long have you practiced and what style?

Describe your current yoga practice. Frequency of practice and what does it consist of?

How often do you attend studio classes? Do you have a home practice?

What skills are you most interested in cultivating during teacher training?

Do you have any goals upon completion of the training course?

Are you currently teaching yoga? If so, for how long?

Why are you interested in this program?

Do you hope to teach at the end of this program or are you more interested in self-improvement?

How did you learn about our program?

What other skills or experience do you bring that you think will contribute to this program?

Please submit a short essay (3-4 paragraphs) or a short video about what made you choose to deepen your yoga practice and enter this teacher training program.

Part 4

Medical Information

Do you have medical clearance to practice yoga?

Please share any pertinent medical information with regards to your physical (accidents, illness, disease, surgeries, pain, disability, etc.)

Please share any pertinent medical information with regards to your mental health (depression, anxiety, trauma, ADHD, etc.)

Please share any pertinent information with regard to a history of addiction.

Family Physician _____ Phone Number _____

By signing this I agree that all of the above information is true to the best of my knowledge.

Signature of Applicant

Date(DD/MM/YY)_____

