

TEACHER TRAINING COURSE (200HR)

Application Form – 2018/2019

Name: _____

Address: _____

Phone Number:

Day: _____ Evening: _____ Mobile: _____

Email: _____ Date of Birth: _____

Sex: Male/ Female (please circle one)

Current Occupation: _____

How long have you been practising yoga? _____

How often do you practice yoga per week? Give details of classes you attend and personal practice:

Give details of what style(s) of yoga is your main practice? Have you practised meditation and/or pranayama?

List the main teachers you have studied with:

Are you currently teaching yoga? _____

Describe your educational and professional background:

How has yoga affected your life? What do you perceive as the challenges in your practice?

List any injuries, medical conditions or physical concerns. List any prescribed medications you are currently taking. How is your overall health?

Why are you applying for this yoga teacher training program? What do you expect to gain from this training?

How did you first learn about our Teacher Training Programme?

I practice at The Kilkenny School of Yoga _____

My Yoga Teacher _____

Internet Search _____

Friend _____ Other _____

Please email your application form to info@kilkennyschoolofyoga.com or post to, Essie Millie, Director Teacher Training Programme, The Kilkenny School of Yoga, 58 Westfield, Kilkenny. Ireland.