Yoga teacher training

Application form

**Yoga Teacher Training Course September 2019 to August 2021**

**Please complete ALL sections of this application form.**

**FULL NAME:**

**POSTAL ADDRESS:**

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**EMAIL ADDRESS:**

**PHONE NUMBER:**

**DATE OF BIRTH:**

**GENDER:**

**PREVIOUS YOGA PRACTICE EXPERIENCE:**

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| --- | --- | --- | --- | --- |
| **Start date** | **End date** | **Name of teacher** | **Teacher contact details** | **Reference Y/N** |
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**PLEASE GIVE DETAILS IF YOU CURRENTLY TEACH YOGA OR PREVIOUSLY ATTENDED YOGA TEACHER TRAINING**

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**MEDICAL HISTORY:**

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**PLEASE EXPLAIN WHY YOU WOULD LIKE TO BECOME A YOGA TEACHER**

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**WHAT EXPECTATIONS DO YOU HAVE OF THIS COURSE?**

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**DECLARATION:**

I (insert name) have read and accept the Terms and Conditions of YogaWellbeing’s Yoga Teacher Training Course. I confirm that the above statement is made to the best of my knowledge and I understand that any false or misleading statements may lead to the cancellation of my place without refund.

Signed:

Date:

Completed application forms should be returned to Sara Jobling, YogaWellbeing Head Office, Norwood Court, Eighton Banks, Gateshead, Tyne and Wear, NE9 7XF.