

## 201&TEACHER TRAINING APPLICATION FORM

Please complete this form and submit it directly to [teachertraining@thepoweryogaco.com](mailto:teachertraining@thepoweryogaco.com). You can save it into your computer and attach it to an email or submit it directly using the **Submit** button found in the end of the document. Alternatively you can complete it and return it to The Power Yoga Company.

**Please note:** We will contact you within one week of submission to inform you whether or not your application has been successful. If you are eligible, your place on the course will be reserved on receipt of the deposit of £1000. The balance will be due two weeks before the course starts. For further information please visit our [www.thepoweryogaco.com/teacherapplication.html](http://www.thepoweryogaco.com/teacherapplication.html).

### NAME

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

### ADDRESS

\_\_\_\_\_  
House No.      1<sup>st</sup> line of address

\_\_\_\_\_  
2<sup>nd</sup> line of address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postcode

### GENDER

MALE  
FEMALE

### DATE OF BIRTH

\_\_\_\_\_  
DD/MM/YYYY

### EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

### TELEPHONE

\_\_\_\_\_  
Home

\_\_\_\_\_  
Mobile

### OTHER

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Current occupation

\_\_\_\_\_  
Language Spoken

Where did you find about the course?

How long have you been practicing Yoga? \_\_\_\_\_

Briefly describe your Yoga practice:

---

---

---

Do you have any qualifications or experience that might strengthen your application?  
(Osteopath, physiotherapist, fitness trainer, dancer etc)

Yes  
no

If yes, please give more details

---

---

---

Why have you chosen to apply to become a Yoga teacher?

---

---

---

---

What is it specifically about The Power Yoga Company's approach to Yoga that interests you?

---

---

---

---

What does Yoga mean to you? What should the role of a Yoga teacher be?

---

---

---

---

## Health Information

---

The following will be used by our training staff to better assist you during the TTC. Your answers will be kept in strict confidence within TTC Administration only, with a view to guiding your individual program.

Are you currently taking medication for any physical or psychological condition?

yes no

Do you have any chronic physical limitations or disabilities?

yes no

Have you had a serious illness or major surgery within the last five years?

yes no

Are you currently pregnant or trying to become pregnant?

yes no

If you answered YES to any question above, please substantiate your reply with a short explanation. If there is anything else about your physical or psychological health that you feel might affect your participation in the TTC, please explain:

---

---

---

---

The information provided on this form is treated as confidential and will only be seen by those teachers and staff involved with the Teacher Training Course.

*Teacher training policy:*

There are no refunds for teacher training offered at The Power Yoga Company. All payments must be paid when due. Late fees will be applied for late payments. The Power Yoga Company does not offer refunds for the Teacher Trainings except in the case where you are deemed medically unfit to participate in Yoga for the foreseeable future, in which case you will receive a full refund less our reasonable administrative costs.

I certify that all the information above are exact and that I agree to the teacher training policy.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date