## 300 hour Foundations Teacher Training Application Form

## March 10 - February 17th 2024

First Name:

Surname:

Birthday:

Phone Number (include country code):

Emergency Contact, Relationship, Phone Number & Email:

Email Address:

Email:

Instagram Handle:

Do you give Sasha & Jules permission to share your social media images and written content with full credit and attribution on their social media platforms?

* Yes, she my content
* No, please do not share my content

## About you & your yoga journey:

This section of the application is intended to give us a better understanding of you as a person. We encourage you to include any transformational experiences or turning points in your life that have brought you to your current personal relationship with Yoga and aspiration to become a teacher.

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| Q1: Why would you like to take this yoga training? |

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| Q2: How has your background prepared you for this program?  For example, if you're a yoga teacher, you might describe your classes or personal teaching style, where you took your 200hr training, or anything about your personal practice that feels significant to you. If you're not a yoga teacher, you might describe your type of work, your yoga practice, or your personal journey that lead you here. |

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| Q3: How do you envision applying this training to your life once the program has completed? |

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| Q4: How do you plan to apply the principles of yoga philosophy in your personal life and teaching practice? How do you plan to use your yoga teaching skills to serve your community or contribute to society in a positive way? |

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| Q5: What do you hope to contribute to the teacher training program as a participant? |

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| Q6: How do you plan to continue your education and growth as a yoga teacher beyond the completion of this program? |

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| Q7: What else would you like to share with us? What are two questions you have in relation to this teacher training program? |

Health Information:

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

Are you currently taking medication for any physical or psychological condition? Please list any prescription medications you are currently taking:

Do you have any chronic physical limitations or disabilities?

Do you have a history of psychological or emotional illnesses, or issues? Do you suffer from PTSD, Bipolar, high anxiety, depression or any other mental disorder?

Have you had any major injuries, operations, and/or do you suffer from any illnesses or diseases?

Are you currently pregnant or trying to become pregnant?

Do you have any structural imbalances of the muscular-skeletal system?

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 TT, please explain:

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Declaration:

In order to make informed decisions, Jules & Sasha must be able to rely on the truthfulness of information provided by applicants. The information an applicant provides on this form is treated as confidential and will only be seen by those teachers and staff involved with the Teacher Training Course. Before submitting this application to us, it is required that you read the Terms & Conditions. Your name printed below, indicate that you have carefully read and accepted the Terms & Conditions which are attached in this email.

It is recommended that you keep a copy for your own record. ‘By printing my name below, I affirm that the information provided on this application form is true and complete to the best of my knowledge. I also affirm that I have read the Terms & Conditions. False, incomplete, or misleading information is grounds for rejection of this application, expulsion from the program, or revocation of certification after completion of the program’.

By returning this application in form of email, I am confirming the signature of my name below:

Print Full First Name/Family Name: