## 200 hour Foundations Teacher Training Application Form

## January 28th - 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: How long have you been practicing Yoga? Please give a detailed background of your Yoga history & Teachers, and your regular Practice over the past year, including styles /traditions, length and regularity. If you haven’t studied with Jules or Sasha, can you please obtain a reference from one of your teachers and attach. |

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| Q2: Do you have any experience teaching Yoga? Do you have any other qualifications or have studied in other areas that would assist you on this course? e.g. Meditation, other forms of body work, anatomy & physiology, personal development etc. If yes, please give more details: |

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| Q3: Are you interested in the Meditation & Spiritual aspect of yoga? Describe any Meditation or Spiritual practices that may be important to you? |

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| Q4: Give a description about your self-development over the years. Describe your self-care practices and coping techniques that you use during challenging life waves. |

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| Q5:What does Yoga mean to you? and what do you think the role of a Yoga teacher be? |

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| Q6: What do you find interesting or appealing about our teacher training program? And what is it specifically about our approach to Yoga that interests you? What are you expectations of this course? How would you like to use your qualification in yoga Teacher Training once you are qualified? |

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| Q7: What is you’re greatest strength (personally or professionally) that you bring to this training program? What is you’re greatest growth, personally, and professionally? |

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: