YOGALOFT 200 HOUR YTTC

APPLICATION FORM

Name:

DOB

Email:

Phone no:

Profession:

Do you have any previous qualifications in Yoga, medicine or holistic health:

How long, frequently and consistently have you practiced Yoga?

Do you have any health conditions or injuries that affect your ability to practice yoga, meditation or pranayama?

What is your preferred style of yoga?

Who are your main teachers?

What do you look for in a yoga class and why do you practice yoga?

Do you have a meditation or Pranayama practice? Please briefly describe

What would you like to learn more about?

Why would you like to teach yoga?

What do you hope to gain from our program?

What are the challenges you face in your practice?

Do you feel that this is the right time for you to commit to a learning programme that requires consistent practice, study and self-enquiry?