

300-HOUR ADVANCED YOGA TEACHER TRAINING APPLICATION

Please complete and send to:

Yogshakti Life
shilpa@yogshakti.com

Please answer all of the following questions:

Name: _____
First Name: _____
Last Name: _____
Email Address: _____
Phone Number: _____
Current Occupation: _____

How did you hear about the program?

- I practiced at Yogshakti
- Internet Search
- Yoga Alliance
- Referral - Who referred you?

First Name: _____
Last Name: _____

Website: http:// _____
Social Media Link (Facebook): http:// _____
Social Media Link (Instagram): http:// _____

Tell us about your yoga practice and practice goals:

Please include how frequently you practice, whether or not you have a home practice (if yes, describe what your practice consists of), styles of yoga you've been exposed to, styles of yoga you enjoy practicing, and how long you've practiced them. What goals or expectations have you set for your personal yoga practice?

Please list all trainings and certifications (include dates):

Tell us about your yoga teaching and yoga career goals:

If you are not teaching now, why not? If you are teaching now, where do you teach, what type of yoga do you teach, and how often do you teach? What do you envision for your yoga teaching career?

Why are you interested in pursuing a 300-Hour Advanced Yoga Teacher Training?

What are your strengths as a yoga teacher? What gifts do you have to offer your students?

What aspects of teaching yoga would you like to learn more about? What skills as a yoga teacher would you like to cultivate? For example: anatomy, hands-on assists, how to build a career teaching yoga, pose alignments, sequencing, yoga teaching voice and authenticity, working with energy, injuries and modifications, etc

What do you hope to gain from this program or from getting your 300-Hour Professional Yoga Teacher Certification?

In your opinion, what are the qualities of a good yoga teacher/ yoga class? *Please describe your overall physical health:

Include any exercise regimens or physical activities (other than yoga), injuries, surgeries, major illnesses, physical traumas, or physical conditions we should know about.

Include depression, any addictions or addictive behaviors, experiences with violence, abuse, or assault, eating disorders, therapy (previous or current), etc. Include type and length of time. **Please note that difficult

times you've gone through will be powerful teaching tools of great benefit to students who are going through their own difficult times**

Are you taking any medications? Please describe if these medications may affect your full participation in the training:

Please describe your diet, nutritional philosophy, health and self-care practices, and general beliefs about health and well-being:

Anything else that's interesting about you? Feel free to share!

Print Name: _____

Date: _____