

# THE YOGAROOM



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## THE YOGAROOM 200HR Teacher Training Course APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male/ Female (please circle one)

Current Occupation: \_\_\_\_\_

How long have you been practising yoga? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How often do you practice yoga per week? Give details of classes you attend and personal practice: \_\_\_\_\_

\_\_\_\_\_

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Give details of what style(s) of yoga is your main practice? Have you practised meditation and/or pranayama? \_\_\_\_\_

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List the main teachers you have studied with: \_\_\_\_\_

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Are you currently teaching yoga? \_\_\_\_\_

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Describe your educational and professional background: \_\_\_\_\_

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How has yoga affected your life? What do you perceive as the challenges in your practice? \_\_\_\_\_

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List any injuries, medical conditions or physical concerns. List any prescribed medications you are currently taking. How is your overall health? \_\_\_\_\_

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Why are you applying for this yoga teacher training program? What do you expect to gain from this training? \_\_\_\_\_

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How did you first learn about The YogaRoom Teacher Training Programme?

I practice at The YogaRoom \_\_\_\_\_

My Yoga Teacher \_\_\_\_\_

Internet Search \_\_\_\_\_

Friend \_\_\_\_\_

Other \_\_\_\_\_

Application forms should be emailed to [Ciara@yoga.ie](mailto:Ciara@yoga.ie) or posted to Ciara Cronin, Teacher Training Programme Director, The Yoga Room, 262 Merrion Road, Ballsbridge, Dublin 4, Ireland.