

Yoga Teacher Training Diploma Course
Application Form

Name: _____

Address: _____

Postcode: _____ Email: _____

Telephone No: _____ Mobile: _____

Date of Birth _____ Occupation: _____

Emergency Contact: _____ Tel: _____

Address: _____

Yoga and You

Please give a brief summary of any relevant training, qualifications or experience in yoga and related mind/body disciplines. Please include the name of your most recent yoga teacher

How often do you practise yoga at home, and in class?

How long have you been practising yoga?

What style of yoga do you practise?

Why do you practise yoga?

Why do you want to teach yoga?

Do you meditate? If so, what kind of meditation do you do?

Please describe any health problems you may have and any medications you use:

A non-refundable deposit of **£450** is required when making your application. Certified cheques should be made payable to Steve Avian.

Included with this application is a deposit for **£450**

Signed _____

Date _____

Please send your completed application form to:

Shamayoga,
PO Box 3464,
Sheffield, S10 1YY.

If you require further information,

Phone Steve Avian on **07792 557 105** or email info@shamayoga.org.uk