



# AUTHENTIC YOGA



100 hour course to elevate your yoga teaching to a new level

## APPLICATION FORM

Name:	
Address:	
Mobile:	
Email address:	
Yoga Teacher Training Qualification/s:	
Outline of your yoga experience to date, including style/s, approx number of classes/ workshops / retreats taught. Are you teaching regularly now & do you teach online?	
Link to your 30 min yoga teaching practice ***	
*** please ask permission from your students that they are happy to be filmed in the class and the recording sent to us. This recording will not be shared with any third parties. It will only be used to review your teaching and will then be deleted.	
Please note your strengths and weaknesses in the following areas of yoga teaching below by ticking the relevant fields:	
	Strengths                      Weaknesses
Lesson planning/sequencing	
Class management	
Asana	
Modifications	
Breathing and pranayama	
Relaxation	
Meditation	
Philosophy	
Subtle body, chakras, etc	

Why do you want to do this course and what do you hope to achieve?

HEALTH

Yes

No

Do you have any health conditions?

Would this impact your ability to complete the course?

Have you had any operations in the last two years?

Do you have any recurring injuries?

Please give further information below

Anything else you'd like to add in support of your application?

Declaration:

I confirm the above information is correct and that I take responsibility for my own health and safety whilst participating in the yoga course, whether face to face or remote and I also understand that it is my responsibility to:

- check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga course
- advise the tutors of any change in my health condition or ability to participate in the yoga course
- follow the advice given by my doctor and/or yoga tutor
- remain on screen when participating in a remote yoga session
- I understand that for any periods of time throughout a remote session during which I move off screen or are outside of the teacher's view, whether intentionally or not, no liability will arise on the part of the teacher.

GDPR: This form collects your name, address, contact number and email address so that your tutors can communicate with you and provide assistance. It will be kept in strictest confidence.

Signed:

Date:

Please send the completed application along with a copy of your yoga teaching certificate, insurance & a link to a 30 minute minimum teaching recording, to both Jane @ instructyoga@gmail.com and Lesley @ lesisaacson@aol.com