

Niralambaya LLC Academy of Yogic Arts
TEACHER TRAINING COURSE 2011/2012
Course Application

The purpose of this application is to get to know you better and understand the background, interests, needs, and intentions that will inform your teacher training experience. Please fill out and send to Amy Spencer.

Name _____

Address _____

Phone _____ e-mail _____

Date of Birth _____

Occupation _____

Education (Please list Colleges and Universities Attended, Degrees and any non-academic certifications or trainings) Languages studied or spoken:

General Information**:

1. How long have you been practicing Yoga?
2. With whom have you studied, and for how long?
3. Do you have a home practice?

If so, what form does it take?

4. Describe your current yoga practice and studies:
5. Do you have any chronic injuries?

If yes, explain injury and origin:

6. Do you have any physical challenges?

If yes, please list (anything from scoliosis to arthritis to a history of cancer)

7. Do you have a history of emotional illness or chronic issues?

If yes, please describe: I

8. Are you currently taking medication for any reason?
(please list medications plus reason for taking them)

Yes

No

9. Please give a brief description of your overall health:

10. Do you currently teach yoga?

If yes, for how long and where?

11. Do you intend to teach yoga in the future?

12. Do you have other spiritual practices that are part of your life?

If so, please describe:

13. Do you engage in an ongoing practice of self-reflection, either structured or un-structured?

If so, please describe:

14. What might you as an individual bring to this Teacher's Training? Please see below...

15. Please write a paragraph on why you want to participate in the Niralambaya LLC Yoga Teacher Training Program (Discuss your intentions, expectations, goals, or fears, etc.)

16. In this space, please add anything you would like me to know about yourself that hasn't been asked.

** Please attach additional pages, if necessary