Bridget Woods Kramer Mentorship Program

Student information form

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Town Postcode |  |
| Mobile Phone |  |
| Home Phone |  |
| E-Mail Address |  |
| Website |  |

## Personal Information

|  |  |
| --- | --- |
| Date of Birth |  |
| Nationality |  |
| Gender |  |
| Current Profession |  |
| Are you fluent in English? |  |

## Yoga Teaching Experience

|  |  |
| --- | --- |
| What yoga teacher training certificates do you hold? |  |
| From which school? How long was the training? |  |
| When did you train? |  |
| Where do you currently teach yoga?  How regularly?  Type of class taught? |  |

## Intention for mentorship program

|  |  |
| --- | --- |
| What are your strengths and weaknesses when teaching yoga? |  |
| Where do you feel you need support in your teaching? |  |
| Why do you want to join the mentorship program?  Please share a few paragraphs of contemplation. |  |

## Health Considerations

Do you have any current health considerations (e.g. injuries, recent surgery, chronic medical conditions) that may affect your ability to practice yoga and participate on the mentorship program? If so, please list and explain them:

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| --- |
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If so, have you received guidelines from a health practitioner for working with this condition? Please elaborate:

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|  |

Have you ever suffered from a mental illness or been prescribed medication for depression, anxiety or other psychiatric issues?

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| --- |
|  |

**IMPORTANT!**

Please email

a) Your application, filled out completely

b) One portrait photo of yourself

to:

Flavia Cerrone, triyoga teacher training administrator

[flavia@triyoga.co.uk](mailto:flavia@triyoga.co.uk).