triyoga Education

Application for Accredited Teacher Training Diploma (TT28)

## Contact Information

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

## Personal Information

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

## Health Considerations

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

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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? We ask this in order to make sure we have the right amount of support in place.

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Have you been diagnosed with dyslexia?

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## Asana Yoga Practice

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| When did you begin practising asana (i.e. ‘physical’ yoga, as opposed to meditation, chanting, etc.)? |  |
| Do you have a home practice? (yes/no) |  |
| If yes, how often do you practise each week? |  |
| What level practitioner are you? (Level 1, Level 2, Level 3) |  |
| Do you currently attend asana classes? (yes/no) |  |
| If yes, how often? |  |
| Who is/are you teacher/s? |  |
| What style of yoga do your teachers teach? |  |
| Have you previously practised yoga with Susannah Hoffman? If so please provide details. |  |

Please list any major workshops you may have taken in the past two years, including the teacher’s name(s)

and date(s)

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## Yoga Teaching

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| Do you hold a yoga teacher training certificate already? (yes/no) |  |
| If yes, from which school? How long was the training? |  |
| Do you teach yoga? If so where/to whom? |  |

## Meditation Practice

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| Do you currently meditate? (yes/no) |  |
| If yes, how regular is your practice? |  |

## Contemplation

**Applications will be processed ONCE we have received:**

a) This application, filled out completely

b) Three passport size photos, OR you can send one clear image via **email** too

c) A4 typed contemplation in bullet point format (below)

d) A recommendation from your yoga teacher

e) £20 application fee - this fee will be deducted from the course fee if you are accepted into the programme. Payment can be made via:

BACS transfer (please confirm via email to [flavia@triyoga.co.uk](mailto:flavia@triyoga.co.uk) once payment has been made). triyoga’s bank details are as follows:

**Bank Name:                LloydsTSB**

**Account Name:          triyoga (uk) Ltd**

**Account Number:      01331197**

**Sort code:                   30-94-81**

**Reference:                “SURNAMETT28” e.g. “JONESTT28”**

Please return all of the above to:

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

(Please DO NOT leave your application form or other documents in the triyoga centres – they get lost!)

**Information evening:** Thursday 13 May, 6.30pm online

**Application deadline:** Friday 11 June, 5pm

**Interview date:** Saturday 19 June

Please answer in bullet point format on **no more than one side of A4**:

1. Why do you want to take this training?

2. Do you see yourself wanting to be a yoga teacher as a main vocation at the end of the training?

3. What are the strengths of your asana practice?

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## Teacher Recommendation

*This form is to be filled out by the applicant’s teacher of two years or more.*

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| Applicant Name |  |
| Teacher’s Name |  |
| How long have you known the applicant? |  |
| How long has the applicant been a student of yours? |  |
| What classes and/or workshops has the applicant taken with you? |  |
| **Asana performance section** | |
| What are the applicant’s strengths? |  |
| In what areas could the applicant improve? |  |
| Why do you recommend the applicant to this teacher training programme? |  |
| Signed |  |