Essence of Being

Application for 200hr + Accredited Teacher Training Diploma

With Susannah Hoffman

## Contact Information

|  |  |
| --- | --- |
| Name + Surname |  |
| Street Address |  |
| Town Postcode |  |
| Mobile Phone |  |
| E-Mail Address |  |
| Please attach a passport size  photo of you |  |

## Personal Information

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

## Health Considerations

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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:

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

## Yoga Teaching

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| --- | --- |
| Do you currently meditate? (yes/no) and how often |  |

## Meditation Practice

## Contemplation

Why do you want to take this training?

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

a) This application, filled out completely

b)) Typed contemplation in bullet point format

c) £20 non refundable admin fee -

(please confirm via email to Emily at [info@essenceofbeing.co.uk](mailto:info@essenceofbeing.co.uk) once payment has been made).

**Bank Name:            TSB**

**Account Name:      Susannah Hoffman**

**Account Number:  17948268**

**Sort code:      77-91-38**

**Reference:       EOB TT**

Please return all of the above to: Emily at [info@essenceofbeing.co.uk](mailto:info@essenceofbeing.co.uk)