Jilandra School of Yoga

Jill Jones

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Please answer all questions the best you can. You may continue on separate sheets if necessary. The information will be used to support your application and will not be disclosed to any unnecessary third party.

Personal details:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Mobile Number |  |
| Email address |  |
| Date of Birth |  |
| Occupation *(current and past)* |  |

Yoga training:

|  |  |
| --- | --- |
| When did you start practicing yoga? |  |
| Where do you practice? |  |
| Do you already teach ? If so where ? |  |
| Please list any other teaching or training skills you have |  |
| Please list your yoga teachers, starting with your most current teacher |  |
| Does your teach know you are going to enroll on teacher training *(please expand if necessary)* |  |
| What is your favourite yoga position and why? |  |
| What is your least favourite yoga position and why? |  |

Medical History:

|  |  |
| --- | --- |
| Do you have any disabilities and if so do these cause any problems with certain postures?If yes, have any postures helped you adapt ? |  |
| Please list any medical history that may affect your ability to teachHow has Yoga helped ? |  |
| Have you suffered with psychological problems, now or in the past? If yes, how has Yoga helped ? |  |

A little more about you

|  |  |
| --- | --- |
| What are your hobbies and interests |  |
| Why do you want to be a yoga teacher |  |
| What is your main area of interest (eg Pranayama, meditation, postures, spiritual, other) |  |
| Any other information you feel may help your application |  |

**Terms & Conditions**

Once you have paid your deposit and set up your standing order, you have made a commitment to yourself and to the Teacher Training. No refunds are offered for cancellations under any circumstances. This is a big commitment and only serious applicant will be accepted. If you cannot attend a day/weekend, payment is still taken, and you will be able to continue onto the next course on the relevant week.

If you decide part way through the course that it is no longer for you. We will totally understand and you will be able to leave the course. One month’s notice is required please. You may cancel your remaining standing order, but no monies will be refunded.

Yoga is not recommended under some medical conditions, please be prepared to provide a letter of approval from your doctor if asked for one.

By signing this you agree to the terms & Conditions:

Signature ………………………………………………..

Date …………………………………………………………

**Teacher Trainer waiver**

I,…………………………………………………………………………. *(Print name)*

understand that yoga involves physical movement and can be challenging as well as therapeutic with lots of health benefits. I understand the risk of injury. I will listen and be kind to my body and err on the side of caution always. I will always ask for help when needed.

I take full responsibility for myself while practicing yoga and agree to waive any claims that I have now or in the future towards Jilandra School of Yoga Ltd.

BY SIGNING BELOW, I accept and agrees to the terms and provisions contained in this agreement.

**Signature………………………………………………………..**

**Date………………………………………………….**

**Please do not send any money. On completion of this form an invoice will be sent for the £500 deposit and a standing order form will be attached for you to complete.**