

TEACHER TRAINING APPLICATION FORM

Full Name: _____

The Name you prefer being called: _____

Address: _____

Mobile number: _____ Landline: _____

Email address: _____

Date of Birth: _____ Occupation: _____

Gender: _____

Emergency contact person name, number & relationship:

1. Yoga questionnaire

How long have you been practicing yoga? _____

Which styles have you practiced? _____

How long have you been practicing Bikram Yoga? _____

Which studios have you practised in? _____

How many times a week do you practice Bikram Yoga? _____

Have you ever practiced Bikram Yoga for 30 consecutive days? Yes No

How many times? _____ When? _____

Are you certified to teach other Styles of yoga? _____

Please be specific as to number of classes, numbers of students and years of teaching

Do you practice other methods of sports or exercise? Yes No

Which & how often? _____

Do you currently consume alcohol? Yes No

3. General health: Please tick appropriate box

How do you rate your general level of fitness?

Poor

Good

Excellent

How do you rate your cardio-vascular capacity, flexibility & strength?

Poor

Good

Excellent

What is the state of your overall health?

Poor

Good

Excellent

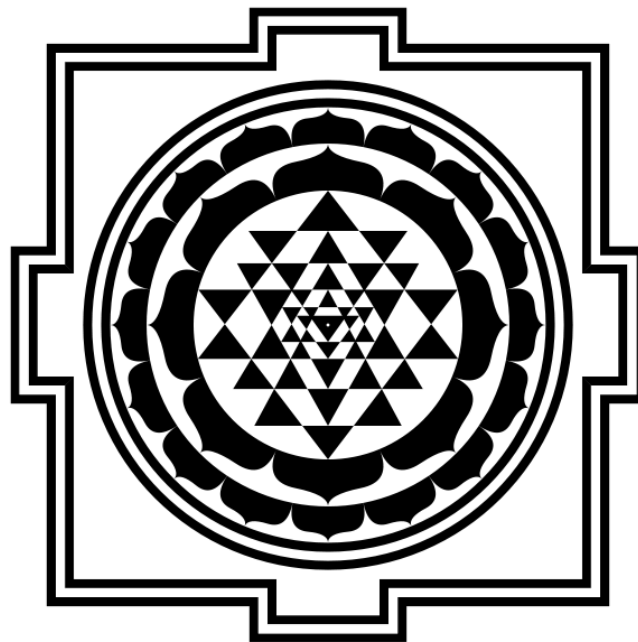
Do you currently have a medical condition or injuries? Yes No

Please explain: _____

Are you currently taking any medication? Yes No

Which? _____

Please also indicate non-prescriptive medication that you take:



The Shi Yantra is a geometric representation of energetic harmonies in life and consciousness. The feminine (downward pointing) and masculine (upward pointing) triangles interlace showing the eternal connection between opposite forces.