



ADVANCED YOGA TEACHER TRAINING APPLICATION FORM

Name: _____ Date of Application: _____
Nationality: _____ Date of birth: _____
Module: 1 2 3 4 Cell number: _____
Email: _____ Occupation: _____
Home Address: _____ Postal address: _____

1. How many years/months have you been practicing yoga regularly?
2. How many years / months have you been teaching yoga?
3. What style (or styles) of yoga have you practiced?
4. Which teachers have you trained with? Which one or two has been most influential to your understanding of yoga?
5. Please include information about the 200 hour Yoga Teacher Training program you have completed, and the date of completion.
6. Please list any other types of training or experience that you consider relevant.
7. Are you currently teaching yoga? If so, for how long and how regularly?



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8. Do you currently have any physical injury or medical conditions that we should know about?

9. Please note any major illnesses, surgeries or any other physical conditions that you have had.

10. Please list any physical injuries that you currently have effect the way that you do yoga.

11. What sports, exercise or hobbies do you practice in addition to yoga?

12. Please tell me about your mental and emotional wellness. Have you in the past or do you currently suffer from addiction, depression, an eating disorder? Please give details.

13. Please give us a little more information about your asana practice.

On average, my daily practice is A - Mysore style with a teacher,
B – Quiet self practice at home,
C – A class at a yoga studio
D – Other. (Please give details)

14. Do you practice meditation?

15. Do you practice Pranayama?



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16. Please give a rough indication of your competence with practicing the following asana. Please rate your ability on a scale of 1 to 5 (5 meaning very competent and 1 meaning completely unable) Competence in asana practice is not a prerequisite for joining the course.

Asana	Ability	1	2	3	4	5
Urdhva Dhanurasana (upward bow)		1	2	3	4	5
Salamba Sirsasana (supported headstand)						
Headstand with a wall		1	2	3	4	5
Without a wall for one minute		1	2	3	4	5
Without a wall for 5 minutes		1	2	3	4	5
Urdhva mukha Vriksasna (full arm balance - handstand)						
Handstand against a wall,		1	2	3	4	5
With a wall for 5 minutes		1	2	3	4	5
Without a wall for one minute		1	2	3	4	5
Pincha Mayurasana (peacock feather- forearm balance)						
Able to balance against a wall		1	2	3	4	5
With a wall for 5 minutes		1	2	3	4	5
Without a wall for one minute		1	2	3	4	5
Hanumanasana (full forward splits)		1	2	3	4	5
Padmasana (sitting in full lotus)		1	2	3	4	5
Ardha Padmasana (half lotus)		1	2	3	4	5
Surya Namaskar (sun salutations)		1	2	3	4	5

17. What do you expect to gain from this course?

18. What is your motivation for wanting to join this teacher training course?

THANK-YOU FOR TAKING THE TIME TO FILL OUT THIS FORM AND TO SHARE THIS INFORMATION WITH US. ALL INFORMATION WILL BE KEPT IN CONFIDENCE.