**A P P L I C A T I O N F O R M**Embodied Relational Yoga Therapy Training Year 1

Starting January 2019

Please fill in your information digitally, or print the form answering the questions below and use as much space as you need to answer them.

Name:

Address:

Date of Birth:

Phone:

E-mail:

1. What personal and professional goals do you have for this training?

2. What styles of yoga have you practiced and what do you currently practice? For how long have you practiced and what have been your three principal achievements of your practice?

3. Where did you do your teacher training and what did you learn from it? Is there anything you learnt that you no longer agree with? As an example, this could be related to structure and alignment of the body or your teaching approach and style.

4. In what way have you experienced the teaching that you’re already doing as therapeutic (this could be for you personally and for your students)?

5. Do you currently teach 1-2-1 and if so what do you like/dislike about it?

6. What have you discovered about your body and what have you discovered about yourself through Yoga?

7. What is your current understanding of Embodied Relational Yoga?

8. What is your current understanding of yoga therapy and have you experienced working with a yoga therapist (or any other form of therapist) or done any training in it?

9. Do you have any injuries, health or mental health issues?

10. Is there anything else that we need to know about as part of your application for this course?