

Teacher Training Application Form

Please complete and send to:

KNOFF YOGA

P.O. Box 214, Stratford 4870, Queensland, Australia
Or email to: james@knoffyoga.com Or fax to: + 61 7 4055 1397

Please answer all of the following questions:

Full name: _____

Name you wish to be called by: _____

Date of birth: ___ / ___ / ___ (dd / mm / yy) **Sex:** Female Male

Address: Unit or Apartment _____

Street _____

City _____

State _____

Country _____

Postal / Zip Code _____

Phone: Daytime _____

Evening _____

Mobile / _____

Cell _____

Email: _____

Website: _____

Dates of the course(s) you are applying for:

Course(s) you are applying for:

- Level 1 Discovery
- Level 2 Chair Yoga
- Level 3 Foundation
- Level 4 Pregnancy Yoga
- Level 5 Yoga Therapy A
- Level 6 Yoga Therapy B
- Level 7 Intermediate
- Level 8 Advanced
- Level 9 Master

How did you hear about Nicky Knoff Yoga Teacher Training? It is crucial for us to know how our limited advertising budget is working and we appreciate your help.

- Knoff Yoga Website
- Internet (please list name of site): _____
- Magazine (which one): _____
- Friend (please tell us who so we may thank them): _____
- Other: _____

How long have you been practising yoga? _____

What style(s) of yoga have you studied and for how long?

Describe your current practice. _____

Who is / are your teacher(s)? _____

How long have you studied with your teacher(s)? _____

Do you teach yoga? Yes No

Why are you interested in attending our Course(s)? _____

What do you hope to gain from our Course(s)? _____

What are your present challenges in yoga? _____

Describe your health. _____

List all injuries, operations and illnesses. _____

List any medications you are currently taking, and the reasons for taking them.

Are you pregnant? Yes No

If so, when is your baby due? _____

Describe any other conditions(s) you believe we should be aware of.

List other forms of exercise or sports you participate in. _____