

# Teacher Training Application Form

*Please complete and send to:*

KNOFF YOGA  
PO Box 975, Edge Hill, 4870  
Queensland, Australia



*or email:*

[james@knoffyoga.com](mailto:james@knoffyoga.com)

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***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/Apartment \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Post/Zip Code \_\_\_\_\_

**Phone:**      Daytime \_\_\_\_\_

Evening \_\_\_\_\_

Mobile/Cell \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Course(s) you are applying for:**

Level 1 - Discovery

Level 2 - Chair Yoga

Level 3 - Foundation

Level 4 - Pregnancy

Level 5 - Yoga - Holistic Healing A

Level 6 - Yoga - Holistic Healing B

Level 7 - Intermediate

Level 8 - Advanced

Level 9 - Master

**Date(s) and location of the Course(s) you are applying for:**

Level 1 - Discovery

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Level 2 - Chair Yoga

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Level 3 - Foundation

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Level 4 - Pregnancy

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Level 5 - Yoga - Holistic Healing A

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Level 6 - Yoga - Holistic Healing B

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Level 7 - Intermediate

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Level 8 - Advanced

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Level 9 - Master

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**How did you hear about Knoff Yoga Teacher Training?**

- Knoff Yoga Website \_\_\_\_\_
  - The Yoga School \_\_\_\_\_
  - Internet (which site?) \_\_\_\_\_
  - Magazine (which one?) \_\_\_\_\_
  - Word of Mouth \_\_\_\_\_
  - Other (please describe) \_\_\_\_\_
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**How long have you been practicing yoga?** \_\_\_\_\_

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

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**Describe your current practice.** \_\_\_\_\_

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**Who is / are your teacher(s)?** \_\_\_\_\_

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**How long have you studied with your teachers?** \_\_\_\_\_

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**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? \_\_\_\_\_

\_\_\_\_\_

Briefly describe your health. *\* Note: You will be required to complete a detailed Health Questionnaire prior to commencing your Course(s).*

\_\_\_\_\_

\_\_\_\_\_

Please list any medications you currently take and why. \_\_\_\_\_

\_\_\_\_\_

Please list any injuries, operations or illnesses. \_\_\_\_\_

\_\_\_\_\_

Are you pregnant?  Yes  No

If yes, when is your baby due? \_\_\_\_\_

Describe any other conditions you believe we should be aware of. \_\_\_\_\_

\_\_\_\_\_

List other forms of exercise or sports you participate in. \_\_\_\_\_

\_\_\_\_\_