

Teacher Training Application Form

Please complete and send to:

KNOFF YOGA
PO Box 415, Caloundra, 4551
Queensland, Australia



or email:

james@knoffyoga.com

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

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

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? _____

Describe your current practice. _____

Who is / are your teacher(s)? _____

How long have you studied with your teachers? _____

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. _____
