**300hr Advanced Yoga Teacher Training Application**

**Mail to:**

**Divine Light Yoga – Attn: YTT**

**830 Pine Flat Rd.**

**Santa Cruz, CA 95060**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name  Date of Birth  Occupation |  |
| Today’s Date |  |
| Address Line 1 |  |
| Address Line 2 |  |
| City, State, Zip Code |  |
| Best Phone & Indicate:  Home/Work/Cell |  |
| Email |  |
| Emergency Contact Name/Phone/relationship |  |
| Yoga Alliance Registered/Date of |  |
| 200 HR Certification/Name of Program/Date of Graduation |  |
| Other Trainings and Dates |  |

**MEDICAL HISTORY**

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.

All information is held in the strictest confidence.

**1. How would you evaluate your current health?**

\_ Excellent

\_ Good

\_ Fair

\_ Some challenges (Briefly describe)

**2. Do any of the conditions below apply to you?**

\_ Epilepsy

\_ Diabetes

\_ Pregnant, plan to become pregnant during the course of the training

\_Depression, anxiety, mood swings

\_ None of the above conditions apply to me.

**3. Please list all medications you are taking that were prescribed to you by a health care professional:**

**4. Please list any surgeries you have had and if there are any current conditions resulting from them.**

**5. Is there anything else we should know about your medical history?**

**ABOUT YOU**

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible.

1. Since your 200 HR Certification, are you teaching and if so, for how long and where?

2. What style(s) do you primarily teach? Workshops? Retreats?

3. Who do you continue to study with or be inspired by?

4. At which yoga studios and/or who are your primary teachers do you currently practice and/or assist with?

5. Describe your home practice, include length of time, number of days per week, time of day, if it includes meditation, pranayama, inversions, and anything else to help me understand your focus.

6. Who have been your greatest inspirations on your spiritual path, both past and present?

7. What area of yoga challenges you the most? (Please specify)  
  
  
8. In your opinion, what qualities embody a good yoga teacher, why and are do you feel strong in those areas?

9. Why do you want to take the Divine Light 300 HR Advanced Teacher Training program?

10. What are your expectations for this training? What do you hope to achieve at the completion of

the program?

Do you have anything to add?