

TRINITY YOGA CENTRE
INTEGRATIVE YOGA TRAINING
200 HOUR CERTIFICATION PROGRAM APPLICATION FORM

Please print clearly and fill out the entire application. Use additional paper as necessary.

NAME: _____

MAILING ADDRESS: _____

HOME PHONE: () _____ **WORK PHONE:** () _____

EMAIL ADDRESS: _____

BACKGROUND INFORMATION

How long have you been practicing Yoga? _____ Yoga here means the practice of yoga postures (asanas) in classes or with videos. It does not include meditation, tai-chi, Feldenkrais, etc.

Have you had a yoga practice for at least 6 months? YES ___ NO ___

Have you, at some point, taken regular classes with a certified teacher?

YES ___ NO ___ **Their Yoga Style/Tradition:** _____

How long have you been studying health and healing? _____

Do you have a current health regimen? YES ___ NO ___

CURRENT YOGA TEACHING EXPERIENCE

Are you currently teaching yoga? YES ___ NO ___ **Number of classes per week** _____

What tradition/style? _____ **How long have you been teaching?** _____

YOUR CURRENT HEALTH PROTOCOL

Please list the alternative and complimentary therapies or healers you have used or are currently using.

YOUR PERSONAL RELATIONSHIP TO YOGA

On a separate piece of paper please answer the following questions. Please be concise, limiting your responses to short paragraphs.

- 1. Describe your personal yoga practice/experience, specifically your asana, pranayama (breathing) and meditation practice.**
- 2. Why do you want to be certified as a yoga teacher at this time in your life?**
- 3. Why did you choose Trinity Yoga Centre?**
- 4. What does yoga mean to you? How has your involvement in yoga changed and developed over time?**
- 5. Please describe your perception of what a yoga teacher provides students.**

HEALTH INFORMATION (If the answer to any of the following questions is 'yes' please describe fully on a separate page.)

1. Are you currently under medical treatment for any physical or psychological condition? YES ____ NO ____
2. Are you currently pregnant? YES ____ NO ____
3. Do you have chronic physical limitations or disabilities? YES ____ NO ____
4. Have you recently had a serious illness or major surgery?
YES ____ NO ____

ADDITIONAL INFORMATION

How did you find out about Trinity Yoga Centre's Integrative Yoga Training?

Were you referred by a graduate of Trinity Yoga Center's IYT?

Name: _____

Trinity Yoga Centre does not discriminate on the basis of race, colour, religion, national origin, gender, age, marital status, disability, or sexual preference. The information in this application will be treated as confidential.

I understand that the Trinity Yoga Integrative Yoga Training is an intensive course and I must attend the *entire* program, and complete all projects assigned *in order to be certified*.
YES ____ NO ____

I confirm all the information in this application form is accurate.

Signature _____ **Date** _____

Please enclose \$300 as a deposit with this application form, \$25 of which is the application fee and is non-refundable.

Tuition for this program is \$3,295 (+GST). Tuition includes class instruction, e-mail study groups, a 30 class punchcard for yoga classes - available from the time of your deposit until December 31st (a \$300 value add on), individual one on one mentoring, all handouts, course activities, a yoga teacher training manual, various yoga study books, a certificate upon completion, and a one year Kripalu Yoga Teachers Association membership.

Payment can be made by check, Visa, MasterCard or cash. If you are paying by check, please make your check payable to Trinity Yoga Center. If you are paying for your tuition in full, you must pay by cheque or cash, or pay the 3% credit card charge if you use Visa or Mastercard.

We also offer a monthly payment plan for those who would like to stretch the payments out over the year. In which case you would pay a reasonable fee of a straight 6% added to the total cost, spread out over the 9 months in equal payments, by writing post dated checks.