



## 225-hour Yoga Teacher Training Application Form

Full name:		Pronc	_ Pronouns (optional):	
Alternate name/Nick name:			Date of Birth:	
Addres	SS:(Street)	(City)	(Postal Code)	
Emerg	ency contact (name, phone n	umber):		
How d	o you describe your race/ethni	icity? (optional):		
How d	o you self-identify your sexual	orientation? (option	nal):	
-	u identify as having different pl please provide more information	_		
0	motivates you to pursue Yoga Personal development Professional development Other	Teacher Training a	at this time? (check all that apply)	
0 0 0 0	ave you chosen Union Yoga for The faculty The curriculum Dates work with my schedule Union is my home studio Tuition rates Scholarship option Other:	}	ram? (check all factors that apply)	

Applicants are expected to have a robust yoga practice of at least 2 years. Please describe your yoga and meditation experience, including length of study/practice, and primary teachers/mentors:





Please tell us about yourself. What is your educational or occupational background? Valued hobbies or activities?
How has yoga/meditation affected your life?
How do you take care of yourself?
Are there present conditions in your life which may be placing you under stress, or which might make introspective practices like yoga and meditation difficult for you at this time (e.g., recent loss of a loved one, substance abuse/withdrawal, relationship ending, new mental health diagnosis, big life transitions).
Yoga teacher training is physically and emotionally demanding. In our experience, these programs can bring up a lot of big feelings. What kinds of supports do you have in place (family, friends, colleagues, therapy, medical care) to help you cope with overwhelm and stress?
Do you have any injuries or health conditions that may interfere with your complete participation in the training and the required attendance of 36 classes (in addition to the training dates)?  Yes No  If Yes, please provide more information:





Are there any additional comments or information you would like to convey to the teachers?

Will you have to miss any of the training da	tes? (which dates):
How did you hear about Union Yoga's YTT  Facebook  Instagram  Web Search  Newsletter  Union Website  Union Yoga Teacher:  Other:	
Today's date:	Signature (or type name):
STUDIO USE ONLY	
Date processed:	
Action taken:	