

# Application Form for Yoga Teacher Training 200 hours

## PERSONAL INFORMATION

Surname ..... First name .....

Date of Birth ..... Day ..... Month ..... Year

Age .....

Sex      Male      Female

Marital status      Married      Single

City/State/Country or

Birth .....

Nationality .....

Passport No .....

Knowledge of English Fluent Average Poor.....

The dates you are applying for the yoga retreat?.....

## ADDRESS

Permanent Address .....

Phone .....

email .....

## YOGA EXPERIENCE

### **Yoga Training**

Institutions .....

Courses .....

Duration .....

### **Yoga Teaching**

Duration .....

Location .....

Country .....

### **Ashram Life or Yoga/Meditation Retreat**

Duration .....

Location .....

### **Spiritual Tradition**

Tradition .....

Guru's name .....

Spiritual name .....

Initiation date .....

## **ALIMENTATION**

*At the retreat simple vegetarian food is served.*

*Please list any food items that you can not eat .....*

*Food Allergies or Intolerances.....*

## **PERSONAL NOTE**

*Mother or Father's name and address*

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*in case of emergency please notify the following person (include name, phone no.,  
email and relationship)*

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## **MEDICAL HISTORY**

*Do you suffer from any illness or any symptoms? If yes, provide details.*

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*Do you have or have you ever had any mental disorder? If yes, provide details.*

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*Do you have any addictions? If yes, provide details.*

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*Do you currently need any medication? If yes, provide details*  
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*Would you like gain or lose weight? \_\_\_\_\_ If yes why?*

*Any Children?\_\_\_\_\_ Pets?\_\_\_\_\_*

*Occupation \_\_\_\_\_ Hours of work per week\_\_\_\_\_*

*Please list your main health  
Concerns\_\_\_\_\_*

\_\_\_\_\_

*Others concerns and/or goals?\_\_\_\_\_*

*At what point in your life did your feel  
best?\_\_\_\_\_*

*Do you sleep well? \_\_\_\_\_ How many hours\_\_\_\_\_*

*Allergies or sensitivities?  
Please  
explain\_\_\_\_\_*

*Any healing therapies, helpers or therapies with which you are involved  
Please explain*

\_\_\_\_\_

*Will your family and /or friends be supportive of your desire to make food/ or life style  
changes? Explain*

\_\_\_\_\_

*Do you crave sugar, coffee, cigarettes, or have any major  
addictions?\_\_\_\_\_*

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*How is your mood? Generally, please explain*

*DO you consideer your self a compasionate person?*

*Do you help the ones in need of you? Or are you indiferent to them?*

*What are your motivations?*

*How do you see your self in 5 years*

*Do you consider your self a mature person?*

*Do you judge people easily*

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*Do you consider a happy person? If yes why, if not why*

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*How are you in a group setting? Do you contribute to do better group dynamic?*

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*How was your childhood and youth?*

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*How is or was your relationship with your parents?*

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*What would you like to change about your life, regarding your relationships, education, carácter etc*

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*Anything else you want to share?*

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#### **DECLARATION**

*I ....., hereby declare that the information given in this application is true and accurate to the best of my knowledge. Sembrando Semillas con Yoga has the right to change and/or reverse any decision made on the basis of incorrect or incomplete information.*

*I further understand that I need to have my own insurance as Sembrando Semillas con Yoga will not be responsible for any accidents which may occur during the time of your stay.*

*Furthermore,*

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*Date ..... Signature of applicant .....*

*Disclaimer:*

*I take full responsibility for my behavior, my inner experience, my health, my mental condition and my interaction with others during the course, and according to the usual procedure I release the organization Sembrando Semillas con Yoga, the responsible teachers and other included parties from any liability claim.*

*Signature*

*Date*