

200-Hour Teacher Training Program Application for Admission 2017-2018

Please fill out your application using the form below, sign it and email it to our school together with your **medical and psychiatric certificates**.

Upon acceptance into the Teacher Training Program is requested a 500 euro non-refundable payment prior to the start of the program. The deposit and full payment can be made only by bank transfer, indicating the details requested.

Last Name _____ First Name _____
Address _____
Occupation _____

Place of Birth _____ Date of Birth _____
CNP/ID/Fiscal code _____ Phone _____

E-mail _____

Emergency Contact Information

Name _____ Phone _____
Relationship _____

Educational Level (College degree/ High-school degree/ others) _____

The information will allow us to ensure that you can make the most of your training. All personal information will remain strictly confidential.

All the following fields are mandatory.



General Medical Information

Do you have any health problem we should be aware of?

Please describe any medical condition you have, diagnosed or not yet, physical limitations, surgery, injuries suffered in the last 3 years, that may present a challenge for you during training. Please note that this information will not exclude you from our program; this information will help us respond to an emergency should it arise. Please include pregnancy, allergies and any medication taken currently (including birth control pills, nutritional supplements, diet pills, others). If this space is not enough please use an extra blank sheet of paper.

Yoga Practice Information

For how long have you been practicing yoga? (approx)	
Do you have a home practice?	
What style of yoga do you currently practice?	
Who are /have been your primary teachers?	
Which significant yoga books have you read?	

What are you expected to do as a yoga teacher?	
Why ?	<i>Write about the reasons that push you to attend this program and about your yoga experiences (for example, when have you begun to practice, if you noticed any benefits from practicing and which ones they are, why do you think you are adapt to become a yoga teacher etc). If this space is not enough please use an extra blank sheet of paper.</i>

Yoga Teaching Information

Do you currently teach yoga?	<i>If yes, how many years have you been teaching, which style/tradition and where do you currently teach?</i>
Which Teacher Training Program have you completed?	<i>If this is not the first teaching training, please list previous training and when completed.</i>

What are the core values conveyed by your school?	
Have you studied any yoga philosophy?	
What do you consider to be the biggest obstacles in your practice?	<i>Please discuss.</i>
What are your expectations on this training program and what do you hope to achieve?	
Do you plan to teach yoga after the training?	

Other information

How did you hear about this program?

Any additional information you would like to provide us.



Privacy policy

This privacy policy sets out how we, *atha yoga iti Association*, use and protect any information that you give us when you use our services. By signing this application you are accepting and consenting to the practices, terms and conditions described in this 200-Hours Teaching Training Program and with our Privacy Policy as on our website www.athayogaiti.eu. We are committed to ensuring that your privacy is protected. The information an applicant provides on this form is treated as confidential by the Teaching staff involved with the 200-Hour TTP, and will not be disclosed in any manner whatsoever, except as required by the applicable Romanian law, regulation or legal process.

Please carefully read the sections and the Program guidelines are required as part from the admission documents, with particular attention to Students Commitment, Professional and Ethical Behavior, Code of Conduct, Payment and Refund Policy, Cancellation Policy.

By signing below, I certify that the information I provided on this application is true and complete to the best of my knowledge and that at any time if it is known that the information provided by me is incorrect I may lose my status . I carefully read, comprehend and accepted the terms set forth in each document.

Date _____

Signature _____

To be filled by the atha YOGA iti school Administration. The list of original documents delivered:

Medical certificate, received on _____

Psychiatric certificate, received on _____

Code of Conduct, received on _____

Waiver Declaration/ Declaratie de descarcare responsabilitate/

/Comprehensive insurance (copy), received on _____