Application for Accredited Yogacampus® Yoga Therapy Diploma

Insert Photo

**Start date you are applying for:**

**CONTACT INFORMATION**

Name:

Address (split into lines):

Country and Postcode:

Phone Number: Mobile: Landline:

Website:

Email:

**PERSONAL INFORMATION:**

Date of Birth:

Nationality:

Children (ages):

Current Profession/s:

Do you teach yoga full time?

Please list any higher or vocational education (other than yoga teacher training) you have undertaken.

Is English your native language? If not, please describe your level of fluency in English.

**HEALTH CONSIDERATIONS:**

How would you describe your current health?

Good Fair Some challenges

Please describe any relevant current or previous health considerations or injuries.

Please list any medical conditions or physical / learning disabilities (including dyslexia) that may affect your ability to fully participate in and / or complete this training.

If you have any relevant conditions, have you received guidelines from a health practitioner for working with this condition? Please elaborate:

**YOUR YOGA PRACTICE AND YOGA BACKGROUND:**

How long have you been practising yoga?

What style(s) of yoga is your main practice?

How often do you attend classes?

How much personal practice do you do?

Please describe briefly a typical week of ALL your yoga practice.

Who is / are your main yoga teacher(s)? How long have you studied with them?

Please indicate whether you have experience of, regularly practise, and/or teach any of the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Have experience of | Regularly practise | Teach |
| Pranayama   * 3-part Breath * Breath Ratios * Nadi Shodhana * Kapalabhati * Brahmari * Sitali |  |  |  |
| Meditation |  |  |  |
| Yoga nidra |  |  |  |
| Mantra / Chanting |  |  |  |
| Bandhas |  |  |  |
| Mudras |  |  |  |
| Restorative Asana |  |  |  |
| Use of Props |  |  |  |

**YOUR YOGA TEACHER TRAINING QUALIFICATION**

Where did you train to be a yoga teacher and with whom?

When did you qualify (year/month)?

How long was the course (hours and duration)?

Who accredited the course?

Please give web link to the course or course provider:

Please provide a **copy** of your certificate(s).

[NB: If your initial training was **not** a BWY Diploma, a BWY Accredited Group Diploma (e.g. Yogacampus, KHYF, Triyoga) or an Iyengar teaching qualification please complete the **‘Your Primary Yoga Teaching Qualification’** form at the end of this application that will ask you for more details about your training.]

Yoga Teaching Insurance Company: Renewal Date:

First Aid Certificate Yes / No Valid until date:

How many hours of **anatomy and physiology** study have you completed? (Please split into classroom hours and self-study, indicate whether training was in a yoga context or otherwise.)

How confident do you feel in your understanding of the anatomy and physiology of the following systems of the body?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not Very Confident** | **Confident** | **Very Confident** |
| **Cardiovascular** |  |  |  |
| **Respiratory** |  |  |  |
| **Nervous / endocrine** |  |  |  |
| **Musculoskeletal** |  |  |  |
| **Immune and lymphatic** |  |  |  |
| **Digestive** |  |  |  |
| **Reproductive** |  |  |  |

**YOUR YOGA TEACHING:**

How long have you been teaching yoga and how regularly have you taught in that period?

Please briefly describe a typical **week** of your yoga teaching (include number of classes taught, where you teach and approximate group sizes). Total hours =

List any other teaching experience, workshops/retreats you have organised and/or run.

List the continuing professional development courses you have done since qualifying as a yoga teacher. If you qualified over 5 years ago, just list what you have taken within the last 5 years.

Is there anything else that is relevant to your application, e.g. moving during course; job change; family circumstances etc.

**WHY YOU WANT TO BE A YOGA THERAPIST:**

Please summarise in 150 to 250 words why you want to train as a yoga therapist.

Are there any health conditions you are particularly interested in working with?

What skills and personal qualities do you think a good yoga therapist should have?

Have you ever provided yoga therapy sessions in a one on one situation or to small groups of individuals who have a similar condition? If yes, please provide details.

**COURSE COMMITMENTS –** Please read and tick boxes.

*I am aware I have to cover any additional costs for travel, accommodation, books etc.*

*I am aware that the course will include Fridays and Mondays for some of the module weekends*

*I am aware that I will need to attend Clinical Practice sessions spread over the duration of the course in addition to the Module Dates.*

**Yes, I understand and am able to make arrangements to meet all the requirements of the course if I am offered a place**.

**Signature: Date:**

(Digital or typed is acceptable)

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**REFERENCES**

To consider your application we need **two references**, one of which should be from a **yoga teacher with whom you have studied**. The other reference should be from **someone who knows you as a yoga teacher**. Your referees should complete the sections of this form which appear below.

**Completed Application includes:**

1. Typed Application
2. Copy of Yoga Teacher Training Certificate/s
3. Two References

**Please return your application form, references and certificate/s to** [**teachertraining@yogacampus.com**](mailto:teachertraining@yogacampus.com)

**FIRST REFERENCE**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of **First Referee**

Telephone number ---------------------------------------------------

and e-mail address ----------------------------------------------------

(please note that we may wish to contact you to discuss the suitability of the applicant for the course).

Do you mind us contacting you to discuss the applicant?

Please explain the context in which you know the applicant and for how long you have known them.

How often, and for how long, have they been attending your classes?

How would you describe the applicant’s yoga practice?

What do you consider to be the applicant’s strengths and why do you think the applicant is suitable to undertake yoga therapy training?

Signed: Date:

**SECOND REFERENCE**

Name and Address of **Second (Personal) Referee**

Telephone number ---------------------------------------------------

and e-mail address ----------------------------------------------------

(please note that we may wish to contact you to discuss the suitability of the applicant for the course).

Do you mind us contacting you to discuss the applicant?

How long have you known the applicant and in what capacity?

What do you consider to be the applicant’s strengths and why do you think they are suitable to undertake yoga therapy training?

Signed: Date:

**Your Primary Yoga Teaching Qualification:** If your initial training was not a BWY Diploma, a BWY Accredited Group Diploma (e.g. Yogacampus, KHYF, Triyoga) or an Iyengar teaching qualification please complete this sheet to give us more information about your primary training.

Whom did you train with and when did you graduate?

Is the training recognised or accredited by any organisation/s? If so, which ones?

Over how long did the course take place?

Summarise the homework and written course work you had to complete for the training.

Were there any formal assessments you needed to pass to complete the training? If so, please summarise what they were.

How many contact hours of tuition did the course include? Please divide these contact hours of tuition into the following categories:

|  |  |
| --- | --- |
|  | **Contact Hours of Tuition** |
| Asana (principles of, alignment, modifications) |  |
| Yoga philosophy, including the subtle body |  |
| Anatomy & physiology |  |
| Pranayama and breath work |  |
| Meditation |  |
| Sequencing of classes and class / course planning |  |
| Skills of teaching and class management |  |
| Other (for example relaxation, mudras...) |  |
| **Total Course Contact Hours** |  |