Jilandra School of Children’s Yoga

Lead Teacher Jill Jones

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Please answer all questions the best you can. You may continue on separate sheets if necessary. The information will be used to support your application and will not be disclosed to any unnecessary third party.

Personal details:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Mobile Number |  |
| Email address |  |
| Date of Birth |  |
| Occupation *(current and past)**At least 5 years*  |  |

Intentions & Expectations Children’s Yoga Teacher Training:

|  |  |
| --- | --- |
| Why do you want to teach Children’s yoga? |  |
| Are you a Teacher Yoga / other  |  |
| Do you already teach? If so where?  |  |
| Please list any other information, skills, certificates Etc. That may be relevant to your application  |  |
| Please give two references one can be a relative and the other must be an employer, or someone you have known(not related) for more that 5 years.  |  |
| Does your current employer know you are going to enroll on teacher training *(please expand if necessary)* |  |
|  |  |
|  | Sheet for additional information  |

Medical History:

|  |  |
| --- | --- |
| Do you have any disabilities and if so do these cause any problems with certain postures? |  |
| Please list any medical history that may affect your ability to teach |  |
| Have you suffered with psychological problems, now or in the past? If yes, please state. |  |

A little more about you

|  |  |
| --- | --- |
| What are your hobbies and interests |  |
| Do you want to specialize in a certain area of Children’s Yoga?  |  |
| What is your main area of interest (e.g. Pranayama, meditation, postures, spiritual, other) |  |
| Any other information you feel may help your application |  |

**Terms & Conditions**

Once you have paid your deposit and your final payment, you have made a commitment to yourself and to the Teacher Training. No refunds are offered for cancellations under any circumstances. This is a big commitment and only serious applicant will be accepted.

Yoga is not recommended under some medical conditions, please be prepared to provide a letter of approval from your doctor if asked for one.

By signing this you agree to the terms & Conditions:

Signature ………………………………………………..

Date …………………………………………………………

**Teacher Trainer waiver**

I,…………………………………………………………………………. *(Print name)*

understand that yoga involves physical movement and can be challenging as well as therapeutic with lots of health benefits. I understand the risk of injury. I will listen and be kind to my body and err on the side of caution always. I will always ask for help when needed.

I take full responsibility for myself while practicing yoga and agree to waive any claims that I have now or in the future towards Jilandra School of Yoga Ltd.

BY SIGNING BELOW, I accept and agrees to the terms and provisions contained in this agreement.

**Signature………………………………………………………..**

**Date………………………………………………….**

**Cost of the course £500**

**Alliance & Leicester**

**Account number 7121 4884**

**Sort code 09 01 34**

**Jill Jones**