### **200 Hour Teacher Training Application Form**

Please send completed application via email to: [frontdesk@inyeyoga.com](mailto:frontdesk@inyeyoga.com) (subject to read: Teacher Training Application)

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| Applicant Information | | | | | | | | | |
| Last Name |  | | | | First | |  | | |
| Street Address | |  | | | | | Apartment/Unit # | |  |
| City |  | | | | | | |  | |
| Phone |  | | | | | Phone (alt.) |  | | |
| E-mail Address | |  | | | | | | | |
| DOB (DD/MM/YYYY) | | |  | | | | | | |
|  | | | | | | | | | |
| Emergency contact information | | | | | | | | | |
| Last Name |  | | | First | | |  | | |
| Relationship: |  | | | | | | | | |
| Phone |  | | | Phone (alt) | | |  | | |
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| Please take as much space as you need to answer the following questions | | | | | | | | | |
| *What inspired you to apply for a Teacher Training Program? Please share your story.* | | | | | | | | | |
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| *What are your hopes in taking Inye’s program?* | | | | | | | | | |
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| *Do you have any fears or concerns in doing this program?* | | | | | | | | | |
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| *What are your hopes and/or ideal outcomes from taking our TT?* | | | | | | | | | |
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| *Describe your physical health: Injuries, medical conditions or concerns.* | | | | | | | | | |
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| *Describe your background outside of yoga, particularly any other trainings that would be relevant for this program (i.e. massage, osteopathic, Reiki…etc.).* | | | | | | | | | |
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| *What do you perceive to be your greatest gifts as an unfolding student and/or teacher?* | | | | | | | | | |
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| *What do you perceive to be your greatest challenges as an unfolding* student and/or *teacher?* | | | | | | | | | |
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| Tell us about your Yoga practice: What do you love about it? What challenges you? What would you like to improve on or change? | | | | | | | | | |
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| *Are you able to fully commit to the schedule of the training?* | | | | | | | | | |
|  | | | | | | | | | |
| *Is there anything else that you would like to share?* | | | | | | | | | |
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| *How did you hear about this training?* | | | | | | | | | |
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