Please attach passport size photo here

Hata Yoga Teacher Training Program Application Form

Program date you are applying for: _____

Please complete the information fields below in detail. This information will allow us to ensure that you can make the most of your training. All personal information will remain strictly confidential.

Personal Information

First Name: _____Last name: _____

Name you prefer to be called by: _____

Do you currently have or have you gone by any other name in the past?_____

Date of Birth: (DD/MM/YYYY)_____ Gender: ☐ M ☐ F

Address: _____

City: _____State:_____ Zip/Postal code:_____

Country of residence: _____

Country of citizenship: _____

Marital Status: ☐Married☐Divorced☐Widowed☐Single ☐Partner

Social Security or National Identification Number: _____

Contact Information

Telephone (Cell): _____Telephone (Home): _____

(Country and area code followed by number)

Email: _____

Preferred contact mode: _____

Website (if applicable):_____

Emergency Contact Information

List details of two people who can be contacted in case of emergency:

Contact 1:

Name: _____Relationship:_____

Address: _____

City: _____State:_____ Zip/Postal code: _____

Country: _____

Telephone (Cell): _____ Telephone (Home): _____
(Country and area code followed by number)

Email: _____

Contact 2:

Name: _____Relationship:_____

Address: _____

City: _____State:_____ Zip/Postal code: _____

Country: _____

Telephone (Cell): _____ Telephone (Home):
(Country and area code followed by number)
Email: _____

Educational Information

Name, place and country of school/ institution	Attended from (Month & Year)	Attended from (Month &Year)	Degree obtained

Employment Information (Please give details from the most recent)

Employer	Work Location	Position	From (MM/YY)	To (MM/YY)

Current Monthly Income: _____

Languages known

Mother Tongue: _____

Please write the languages you are familiar with, and indicate your level of proficiency ("B" for Beginner, "I" for Intermediate, or "F" for Fluent) in speaking, reading and writing.

Language	Speaking	Reading	Writing

Prior Experience of Yoga

If you currently practice or have practiced Hata Yoga in the past, please give details of the types of Yoga and how long you have been practicing (if there are more than one, please include details of each below):

_____

_____

_____

_____

Have you been practicing Hata Yoga regularly (more than thrice a week) in the last six months? Yes/ No

How many hours a day do you practice? _____

Besides *yogasanas*, any other yogic practices (*pranayam*, meditation etc.) that you do:

_____

_____

_____

Have you done any Isha Yoga Programs: Yes/No

If yes, please give details below:

Program	Month	Year	Teacher	Center/ Location

Have you been consistently practicing the above mentioned in the last six months: Yes/No

If no, please indicate why:_____

Other Experience

If you have attended any other training (Spiritual programs, Energy systems, Massage therapy, Aroma therapy, Pilates, etc.), please give details below:

Name of training	Duration of training	Level of training	Certification obtained

List any other physical activity (jogging, swimming, dancing, etc.) you engage in:

Activity	Number of hours/ day	Number of days/week	Number of years

Experience in Teaching Yoga:

Are you currently teaching or have you previously taught Yoga? Yes/No

If yes, what School of Yoga have you been teaching?_____

How long have you been teaching yoga?_____

Mode of teaching:

☐Studio ☐Private

☐Weekend workshop ☐ Other

Criminal History

Have you ever been charged with or convicted of a crime? Yes/No

If yes, please give details: _____

Have you ever been incarcerated? Yes/No

If yes, please give details: _____

Health Information

Height: _____

Weight: _____

Blood Group: _____

Medical History

If you suffer or have suffered from any of the following conditions, please check the relevant boxes:

☐Physical limitations or disabilities

☐Communicable disease

☐Diabetes

☐Hypoglycemia

☐Heart conditions

☐High blood pressure

☐Low blood pressure

☐Stroke

☐Asthma

☐Other respiratory conditions

☐Heartburn

☐Peptic ulcer

☐Intestinal conditions

☐Chronic pain

☐Arthritis

☐Ligament injuries

☐Osteoporosis

☐Seizure

☐Endocrine conditions

☐Anemia

☐Spinal conditions

☐Urinary conditions

☐Chronic sinus conditions

☐Glaucoma

☐Hernia

☐Psychiatric conditions

☐Recovering from an addiction

☐Hospitalization for a physical condition in the past

☐Hospitalization for a psychiatric condition in the past

☐Treatment program for alcohol or substance abuse in the past

☐Serious illness in the last three years

☐Injury in the last three years

☐Surgery in the last three years

☐Psychotherapy, psychological therapy and counseling in the last five years

Women Only

Are you currently pregnant? Yes/No

Do you have any menstrual disorders? Yes/No

Have you had a hysterectomy? Yes/No

Do you have any menopausal symptoms? Yes/No

Allergy History

If you suffer or have suffered from any of the following allergies, please check the relevant boxes:

☐Food allergy ☐Chemical allergy

☐Drug allergy ☐Environmental allergy

☐Other _____

If you have checked any of the above, please give details of the nature of the allergy and the treatment required:

_____

_____

_____

Medication History

If you are currently taking any medication (prescribed, over-the-counter or nutritional supplements) please give details below:

Condition	Medication	Dosage	Number of times/day

Do you have any other health conditions not mentioned above? If yes, please give details:

_____

_____

_____

How did you hear about the Isha Hata Yoga Teacher Training Program?
(Please check the relevant boxes)

Media:

☐Isha Website ☐Isha Newsletter

☐Isha Social Network site ☐Web search

☐Isha Blog ☐Brochure

Advertisement:

☐Magazine ☐Newspaper ☐Internet

Isha Events:

☐Introductory talk ☐Isha Yoga Program ☐Yoga Center visit

People: (Please indicate name(s)):

☐Friend:_____ ☐Family: _____

☐Isha Yoga teacher: _____

☐Other. Please give details:_____

About You

What does yoga mean to you?

_____
_____
_____
_____
_____

Why do you want to participate in a Hata Yoga teacher training program?

_____
_____
_____
_____
_____

Why did you choose Isha Hata Yoga Teacher Training Program?

_____
_____
_____
_____

Do you intend to teach after the training?_____

Please use the space below to add anything else you would like to share:

_____
_____
_____
_____
_____

I certify that the above information is true, accurate 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.

Signature:_____Date:_____

(Print Name)_____