**Application Form**

Evolve Yoga 200 Hour Teacher Training

**Name:**

**Address:**

**DOB:**

**Mobile:**

**Email:**

**Current Profession:**

**How long have you been practising yoga?**

**What Style(s) of yoga do you practice?**

**Do you have a home practice?**

**Who is/are your teachers? How long have you studied with them?**

**What does Yoga mean to you?**

**Which posture do you enjoy practicing the most and why?**

**Which posture represents the greatest challenge for you and why?**

**Do you have any qualifications or training you consider relevant to yoga? (For example, mindfulness, movement & dance, fitness instructing, bodywork, physical therapy)**

**Please summarise why you want to do this training course (continue on another page if necessary):**

**Please briefly describe any part or current health issues which may impact on your ability to participate fully in the course. Please include both physical and mental health concerns: (Any information provided will be treated in the strictest confidence and will only be disclosed to training staff where relevant)**

*By signing and submitting this application form you acknowledge that you understand the payment of £250 (non-refundable) deposit will be required to secure your place on the course and you confirm that you can attend all the dates advertised unless otherwise stated and prior permission given.*

*Signed: Date:*

Please send completed forms to evolveyogacumbria@outlook.com