



200 HOUR TEACHER TRAINING APPLICATION FORM

Please send completed application via email to: annex@mykula.ca (subject to read: Teacher Training Application)

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)

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.

What are your hopes in taking Kula's program?

Do you have any fears or concerns in doing this program?

What are your hopes and/or ideal outcomes from taking our TT?

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.).

What do you perceive to be your greatest gifts as an unfolding student and/or teacher?

What do you perceive to be your greatest challenges as an unfolding student and/or teacher?

Tell us about your Yoga practice: What do you love about it? What challenges you? What would you like to improve on or change?

Are you able to fully commit to the schedule of the training?

Is there anything else that you would like to share?

How did you hear about this training?