## Chie Sibbring Yoga Prenatal Yoga TTC Application

Name	
DOB	
Address	
Postcode	
Telephone	
Email	
1. Please tell us about your 2 -What type of yoga?	200 hr Yoga Teacher Training that you have graduated.
-Which Yoga TT school?	
-How long have you been	practicing Yoga and with which teachers?
-How long have you been	teaching Yoga?
2. Please tell us your reasons	for, and expectations of joining, the training.
3. Please tell us about what yo	oga means to you.
A Are you currently teaching	yoga or other fitness classes? (If wes please give details)

5. In what other Yoga training have you particip	pated?	
6. Do you have any injuries or medical conditions? ( If yes, please provide details )		
7. Are you taking any medication? (If yes, please provide details)		
8. Please advise us of any special needs you have	e.	
9. Is there anything else you would like us to be aware of when considering your application?		
Emergency contact		
Name Relationship		
Telephone		
Please tell us how you heard about this training		

The deadline for the receipt of applications is 25th, January, 2020. Maximum

£300 asap to secure your place.

number of applicants 18. We will be in touch as soon as possible to let you know the result of your application. If successful, you will need to make the first payment of

## Please also include:

\*Your 200hr Yoga teacher training certification

\*A recent photograph of yourself