

APPLICATION INSTRUCTIONS ☯ TRIANGLE YOGA ☯ CHAPEL HILL, NC

The YogaWorks Teacher Training programs include a vigorous two-hour asana practice. We strongly recommend that applicants have one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation on a separate sheet of paper.

Application Deadlines

To process your application, please send your complete application no later than one week prior to the program start date. However, enrollment is limited, so we recommend that you submit your application no later than the early registration deadline. We may accept last minute applications only if there is space in the program.

Be sure to complete the following documents when submitting your application:

200-hour Teacher Training program application requirements:

- Primary Application
- Payment Information & Program Participation Agreement
- Recommendation Form - *The recommendation form can be approved by either a teacher you are current studying with, or by a YogaWorks instructor the day of the scheduled free master class/info session.*

To reserve your place in the training, you must submit the complete application along with a **minimum \$500 deposit.**

Please note, deposit and balance of Teacher Training Program should be submitted to YogaWorks:

YogaWorks

Attention: Teacher Training Department

2215 Main Street

Santa Monica, CA 90405

Email: teachertrainingexport@yogaworks.com

Fax: 310-564-7759

You have four options for submitting your completed application:

1. **Return your application to the host studio.** Please contact the studio for specific details.
2. Email info@triangleyoga.com and attach your application. Please title your subject line "Application for 200-hour program (Chapel Hill). For example "Application for 200-hour Program, CHAPEL HILL"
3. Fax your application it to Triangle Yoga (919) 968-9642.
4. Mail application to:

**Triangle Yoga
c/o Teacher Training Program
930 Martin Luther King Jr. BLVD
Chapel Hill, NC 27514**

This page is a checklist included to help you with the application process and **DOES NOT** need to be submitted along with your application.

Thank you!

200-HOUR TEACHER TRAINING APPLICATION

SATELLITE LOCATION

Personal Information			
Name		Today's Date (M/D/YYYY)	
Address Line 1		Address Line 2	
City		State	Zip Code
Home Phone		Work/Cell Phone	
Email Address		Occupation	
Emergency Contact:			
Name		Phone	Relationship

Start date of training you are applying for (MM/YYYY):

Program Format:	Location:
<input type="checkbox"/> 4-Week Intensive Format	<input type="checkbox"/> Satellite Location (please specify)
<input type="checkbox"/> 6 Month Extended Format	
<input type="checkbox"/> Other	

How did you first learn about the YogaWorks Teacher Training program?			
<input type="checkbox"/> I practice at YogaWorks	<input type="checkbox"/> Other advertisement:		
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Friend		
<input type="checkbox"/> My yoga teacher recommended it	<input type="checkbox"/> Conference		
<input type="checkbox"/> Yoga Journal Advertisement	<input type="checkbox"/> Other:		

Medical History	
Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.	
1.	How would you evaluate your current health?
<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Some challenges (Briefly describe)
2.	Do you suffer from any of the conditions below?
<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Pregnant, plan to become pregnant during the course of the training
<input type="checkbox"/>	No, I do not suffer from the above conditions to my knowledge
3.	Please list medications you are taking that were prescribed to you by a health care professional:
4.	Is there anything else we should know about your medical history?

About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible. Do not fear answering NO.

1.	How long have you been practicing yoga?		
2.	How many days per week do you practice yoga?		
3.	What style of yoga do you usually practice?		
4.	At which yoga studios do you currently practice?		
5.	Do you have a home practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Who have been your primary teachers, both past and present?		
7.	Do you practice meditation and/or pranayama?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	What area of yoga challenges you the most? (Please specify)		
9.	Do you practice inversions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do you practice Surya Namaskar (Sun Salutation) A & B?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Do you practice chaturanga?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Is this your first training?		
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
		If no, please list prior trainings:	
13.	Are you currently teaching yoga?		
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. If yes, for how many years have you been teaching? Where do you currently teach?			
14.	In your opinion, what qualities embody a good yoga teacher? Why?		
15.	Why do you want to take a YogaWorks Teacher Training program?		

TEACHER TRAINING PROGRAMS (TRIANGLE YOGA © CHAPEL HILL, NC)

16.	What are your expectations for this training? What do you hope to achieve at the completion of the program?

PAYMENT INFORMATION			
\$500 non-refundable deposit is due with your application. Full payment is required no later than the start of the program. Your payment is due in full by the early registration date in order to receive the discounted rate, to activate your unlimited yoga series (if applicable) and to receive your teacher training books. Please fax your payment information to 310-564-7759 or send a copy of this form to Yogaworks, Attention: Teacher Training Department, 2215 Main Street, Santa Monica, CA 90405.			
<input type="checkbox"/> Student Name: Teacher Training Location:			
<input type="checkbox"/> I am paying by check. Please mail the check with your application to the appropriate address on the Application Instruction page. <i>*Please include driver's license number, State and expiration date on the front of you check.</i>			
<input type="checkbox"/> I am paying by credit card. <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express			
Credit Card #		Expiration Date	
Name as it appears on the card:			
Is your billing information the same as your mailing address?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No. My billing address is:			
	City	State	Zip Code
I hereby authorize the above payment of \$			Please initial:

I understand that if I fulfill all the requirements of the YogaWorks Teacher Training, including in-class hours, homework, quizzes and final exam, I will receive a letter of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour Teacher Training program.

I understand that YogaWorks reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that if I cancel 14 days prior to the start of the training, my deposit may be transferred toward a future Teacher Training and will be refunded my remaining balance. If I cancel within 14 days of the start of the training, I will forfeit my \$500 deposit but my remaining balance will be refunded. Once the program begins, tuition is non refundable and non-transferable.

I understand that all YogaWorks Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

I have read and accept the above terms and requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

RECOMMENDATION FORM ☺ TRIANGLE YOGA ☺ CHAPEL HILL, NC

Please fill out the Applicant Information section and submit form to a teacher with whom you have studied and who can attest to your experience practicing yoga. You can also have this form signed off by a YogaWorks Teacher Trainer at our Free Master Class/Information Session.

Applicant Information

Applicant's Name			
Program applicant is applying for			
<input type="checkbox"/>	200-Hour Teacher Training Program	Training Start Date	
		Location of Training	
Recommending Teacher Information			
To the recommending Teacher:			
The candidate above is applying for the YogaWorks 200-hour Teacher Training program which includes a vigorous two-hour asana practice.			
Recommending Teacher's Name			
Teacher's Phone Number			
Teacher's Email			
Is this student consistent in his/her practice?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can this student straighten the arms in Downward Facing Dog?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this student practice inversions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can this student hold plank?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.	Briefly describe how long and in what capacity have you known the applicant?		
2.	Briefly describe if you would recommend this applicant for YogaWorks Teacher Training program? Why or why not?		
3.	Please indicate your overall endorsement of the applicant.		
<input type="checkbox"/>	Highly recommend		
<input type="checkbox"/>	Recommend		
<input type="checkbox"/>	Recommend with reservations		
<input type="checkbox"/>	Not recommend		
Recommending Teacher's Signature			
Date (M/D/YYYY):			



TEACHER TRAINING PROGRAMS (TRIANGLE YOGA © CHAPEL HILL, NC)

Thank you for your input! Please complete the attached form and fax to: (919) 968-9642.
Attention: Teacher Training Department