

APPLICATION INSTRUCTIONS

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 currently 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. If including a check, please make payable to “YogaWorks Teacher Training”.**

You have three options for submitting your completed application. You will be working either with the studio directly, or the training Program Advisor, depending on which city you are taking the program. Please submit your application to the person who you are already working with in one of these methods:

1. E-mail: Attach your application to your studio contact or to your Program Advisor. Please title your subject line “Application for YW TT”.
2. Fax your application to your studio contact or to the training Program Advisor, with a cover letter reading “ATTN: YW TT”
3. Mail it to your studio contact, or directly to the training Program Advisor (please confirm address with your contact before mailing).
4. Drop your application and deposit in an envelope at the front desk of the studio where your training is taking place. Please write on the top of your envelope **Attention: YW Teacher Training. (Use this method only when working with the studio directly).**

**If you have any questions about where to send your application, please visit the teacher training page on yogaworks.com or the website of the studio in your city hosting the training. If you are already in e-mail contact with the studio or your Program Advisor, you may ask him/her where to submit your application.

**Please do not send directly to YogaWorks.

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

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:

Extended Intensive Weekend

Location:

How did you first learn about the YogaWorks Teacher Training program?

<input type="checkbox"/> I practice at: _____	<input type="checkbox"/> I was referred by: _____
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Friend
<input type="checkbox"/> My yoga teacher recommended it	<input type="checkbox"/> Facebook Ad
<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 include a second sheet if necessary. Based on your specific history, we may schedule a follow-up interview before accepting you in the program.

1. **How would you evaluate your current health?**

Excellent
 Good
 Fair
 Some challenges (Briefly describe) _____

2. **Please let us know if you have any injuries that may affect your ability to fully participate in the training**

3. **Please list any medical conditions that may affect your ability to fully participate in the training**

4. **Have you had any surgeries in the last year? If the answer is yes, please explain**

5. **Is there anything else we should know about your medical history?**

Safety is very important to us at YogaWorks. At any time, your trainer(s) may ask you to leave if you are not at the physical and/or health level to fully and safely participate, or if you are affecting the safety and learning of others.

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? Yes No
6. Who have been your primary teachers, both past and present? _____
7. Do you practice meditation and/or pranayama? Yes No
8. What area of yoga challenges you the most? (Please specify)

9. Do you practice inversions? Yes No
10. Do you practice Surya Namaskar (Sun Salutation) A & B? Yes No
11. Do you practice chaturanga Yes No
12. Is this your first training?
 Yes
 No If no, please list prior trainings: _____
13. Are you currently teaching yoga?
 No
 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?

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 and to receive your teacher training books.

I am paying by check. Please mail the check with your application to the appropriate address on the **Application Instruction** page. **Please include driver's license number, State and expiration date on the front of you check, payable to **YogaWorks Teacher Training**.*

I am paying by credit card. MasterCard Visa American Express

Credit Card # _____ Expiration Date _____

Name as it appears on the card: _____

Is your billing information the same as your mailing address?

Yes

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 passing both the written and in-class final exams, 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. Paying for the program and completing the hours alone does not mean I will pass the program.

I understand that YogaWorks reserves the right to ask me to leave the program if I am found plagiarizing, 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 YogaWorks reserves the right at anytime to ask me to leave the training if it appears that my health or physical practice are not at the level to fully participate in the training. Under such circumstances I understand I will be given a prorated refund, based on the amount of time I have attended in the training.

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 before the start of the training, I will forfeit my \$500 deposit but my remaining balance will be refunded. On the rare occasion that the YogaWorks training is cancelled, YogaWorks will refund you entirely. YogaWorks is not responsible for any travel costs that you incur to participate in the training. 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: Yes No

RECOMMENDATION FORM

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

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? Yes No

Can this student straighten the arms in Downward Facing Dog? Yes No

Does this student practice inversions? Yes 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.**

- Highly recommend
- Recommend
- Recommend with reservations
- Not recommend

Recommending Teacher's Signature _____

Date (M/D/YYYY): _____