



**davannayoga**®



Registered Yoga School



## APPLICATION FOR TEACHERS TRAINING

### APPLICATION DEPOSIT FEE

**A deposit fee MUST be received at time of application. No application will be considered without the non-refundable deposit fee.**

- ***For Full Course deposit:*** A non-refundable deposit of \$750USD/ ( 9750MXP) reserves your place and MUST be received with the completed application. You may pay by cash or check (MXP or USD).
- ***For Module only deposit:*** A deposit of \$130 USD/ (1000 MXP) reserves your place.

### TEACHERS ETHICS AND GUIDELINES

At davannayoga a serious commitment is requested for participants and teachers. Space is limited. **To reserve your place in the training you must submit your application with the signed Teachers Ethics and Guidelines agreement along with your deposit.** If you are participating in multiple modules, only one application and enrollment agreement is required per student.

### CANCELLATION POLICY

**Once you are accepted for the course, the deposit becomes non-refundable.** The full fee is due 15 days before the start of the course and once the course starts, there is no refund. In case of an emergency, you may apply the fee to another course within two years of the course for which you originally registered. The fee is not transferable to another person. You have 24 months in which you can complete your training at davannayoga. If it is not completed within 2 years, the training must begin again with all modules.

## Prerequisites:

- Complete Teacher Training Program application
- Have a minimum of 2 years personal practice or director's approval.
- Complete reading and essay assignments before all modules are completed.
- Sign davannayoga® Teachers Ethical Guidelines/Code Of Conduct.



**davannayoga**®

**Yoga Teachers Training Applicant – Training 2009/2010**

### Personal Information

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Recommended by \_\_\_\_\_

Profession: \_\_\_\_\_

## Program Information

Which program are you applying for (circle one full session or multiple modules):

### Full Session

Option I

Option II

Option III

### Modules Only

Date:

Module 1

Module 2

Module 3

Module 4

Module 5

## About You

1. How many years have you been practicing yoga? \_\_\_\_\_
2. How many days per week to 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 yoga teachers? \_\_\_\_\_
7. Do you practice meditation or pranayama? \_\_\_\_\_
8. Is this your first advanced yoga study/teacher training? Yes No  
If no, please list prior trainings: \_\_\_\_\_

9. Are you currently teaching yoga?    No    Yes

If yes, for how many years have you been teaching? Where do you teach? What style do you teach?

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10. What attracted you to this particular training at davannayoga? \_\_\_\_\_

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

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## Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they occur during your training. Please note that none of your responses will exclude you from being accepted into the program.

1. How would you evaluate your current health?

Excellent

Good

Fair

Some challenges (briefly describe) \_\_\_\_\_

2. Do you suffer from any of the conditions below?

Epilepsy

Diabetes

Pregnant, plan to become pregnant during the course of the training

No, I do not suffer from the above conditions to my knowledge

3. Are you currently or during the last two years have you been under the care of a physician or mental health care professional?

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4. Please list medications you are taking prescribed by your physician or mental health care professional:

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