



Yoga Teacher Training Application 2021 200 hour Program

All questions and answers contained in this questionnaire are strictly confidential.

Please complete and email back to ken@kenbell.yoga and include your letter of recommendation.

THE BASICS	
Name <i>(Last, First, M.I.)</i> :	Address:
City, State, Zip:	Gender Identification/Pronoun Preference:
Birthdate: LifePath #	Siblings <i>(List in birth order)</i> :
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Years Married: Years Divorced:	Spouse/Significant Other Name & Birthdate:
Children <i>(names and ages)</i> :	
Phones- Home: Cell: Work:	
OK to leave message on Cell? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:	Emergency Contact <i>(Name, Phone #, Relationship)</i> :
EMPLOYMENT	
Employer:	Occupation:
Address:	Phone # :
Nature of Business/Position:	
Serve on Boards or Charities <i>(e.g. Board of Trustees)</i> :	
Method of payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card (3% fee included) <input type="checkbox"/> Payment Plan	
Are you currently being treated by a doctor for any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see medical section below to elaborate further.	
I am from out of town and need housing during training weekends <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am willing to share accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I would like to recommend a friend or family member for yoga teacher training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is their name, email and phone number?	
My favorite quote that expresses my outlook on life is....	



PLEASE TELL US...

How have you heard about metta school of yoga?

Why do you want to take yoga teacher training?

Have you ever taken a teacher training course previously? Yes No

If yes, where and when:

How many years have you been practicing yoga?

How many times per week do you practice?

What styles of yoga do you practice?

Do you have a home practice or studio practice?

Do you practice meditation or pranayama?

If yes, please describe:

Are you currently teaching yoga? Yes No

If yes, where and for how long?

If yes, what style(s) do you teach?

In what way has yoga most profoundly affected your life?

Upon completion of this program, do you plan to teach? Yes No

If yes, what are you most excited about sharing with your community?

MEDICAL HISTORY

Please check all that apply:

High blood pressure:	Lung issues:
Low blood pressure:	Joint issues:
Heart issues:	Thyroid issues (hyper/hypo/graves):
Hypertension Headaches/Migraines:	Arthritis:
Diabetes:	Spinal issues:
Allergies:	Stress:
Anxiety:	Depression:
Other:	Chronic conditions:

Describe in more detail anything you checked in the table above.

- 1.
- 2.
- 3.
- 4.
- 5.

How would you evaluate your current health? Excellent Good Fair Poor

LIFE BALANCE - CURRENT SATISFACTION ASSESSMENT

Rate each area below from 1 – 5 with 1 being lowest level of satisfaction and 5 the highest level of satisfaction.

Career:	Finances:
Significant Other:	Spirituality/Religion:
Family:	Education/Personal Growth:
Friends:	Fun and Leisure:
Physical Health & Well Being:	Physical Environment:
Emotional Health & Well Being:	Balance in Life:

Describe in more detail 1 to 5 areas from the table above which you would most like to focus on.

When you were rating the categories above, was there anything in particular that you struggled rating? If so, please explain why?

If you could create the results you desired in these 1 to 5 areas, what specifically would you like to achieve in the next 90 days?

How do you think yoga teacher training could assist in reaching any of these results? If yes, please describe:

What motivates you?

Complete this thought...I feel yoga teacher training will be an important investment in my life because...

ARE YOU OPEN TO GROWTH?

Please think carefully and answer as honestly as you can.

Please answer with the rating of 1 through 5, 5 being “absolutely” and 1 being “not at all”.

1. I am interested in being my best; my own personal growth and development ___
2. I will be on time and present during each training weekend ___
3. I am courageous and will work outside of my comfort zone ___
4. I am willing to do the work ___
5. I keep my word without struggling or sabotaging my own success ___
6. If I find I am struggling, I will be open and communicate this ___
7. I am open to new ideas, methods and concepts ___
8. If I encounter adversity, I open to help to find my way ___
9. I will be honest about my current situation and emotions ___
10. I am open to seeing & altering self-defeating behaviors that limit my success ___
11. I am open to listening, including what I don't want to hear ___

I agree that all I shared above is accurate.

Name

Date

Paid in full or Payment Plan