Please complete this form and submit it to **admin@iytt.co.uk.** We will contact you to confirm your eligibility and to offer you a place on the course.Your place on the course will be reserved on receipt of the deposit £1,495. If you choose to pay for the full course in one payment, you will be entitled to receive a £250 discount (ie: £4,245).

The information provided on this form is treated as confidential and will only be seen by those teachers and staff involved with this teacher training course. For further information please visit www.IntelligentYogaTeacherTraining.co.uk

**Contact Details**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Address |  | |
| Town Postcode |  | |
| Home Phone |  | |
| Work Phone |  | Mobile Phone: |
| E-Mail Address |  | |
| Website |  | |

**Personal Information**

|  |  |
| --- | --- |
| Date of Birth |  |
| Nationality |  |
| Gender |  |
| Current Profession |  |
| Are you fluent in English? |  |

**EMERGENCY CONTACT INFORMATION**

|  |  |
| --- | --- |
| Name |  |
| Home Phone |  |
| Work Phone |  |
| Relationship to you |  |

**PAYMENT**

Payment may be made in full at the beginning of the course, or in six instalments. Students paying the full course fees by 30th September 20149 are eligible for a discount of £250 (ie total fee will be £4,245). Please specify your preferred payment method:

Pay in full Pay in instalments

**Yoga Experience** (Minimum of 2 years constant practice is required)

|  |  |
| --- | --- |
| How long have you been practicing yoga? |  |
| Do you have a home practice? (yes/no) |  |
| If yes, please describe your current self-practice. |  |
| Do you currently attend yoga classes? (yes/no) |  |
| If yes, how often? |  |
| Who is/are your teacher/s? |  |
| What style of yoga do your teachers teach? |  |
| What do you consider are your personal challenges in your yoga practice? |  |
| How do you minimise the possibility of injury in your yoga practice? |  |
| Do you have a favourite approach to yoga? If so, explain why. |  |
| Give details of any retreats or main courses of at least a week’s duration that you have attended. | |
|  | |
| Give details of any workshops you have attended over the year. | |
|  | |
| Are you currently teaching yoga, or have you ever taught? (Yes / No) |  |
| Do you already hold a yoga teaching certificate? (Yes/No)  If so, from which school and how long was the training? |  |
| Do you practice meditation? (Yes/No)  If so, how often / long? |  |
| Have you ever studied human anatomy & physiology? (Yes/No)  (If so, please give brief details) |  |
| Have you ever studied any classical yoga texts? (Yes/No)  (If so, please give brief details) |  |
| Do you have any other qualifications relevant to your application (e.g. bodywork, massage etc)? (Yes/No)  If so, please give details. |  |

**CONTEMPLATION**

Please answer in bullet points, on one side of paper only.

1. Is your intention to become a yoga teacher as a main vocation at the end of the training?
2. What qualities do you think a good yoga teacher requires?
3. Why do you want to join the IYTT course?
4. Are you receiving any training currently, or reading any publications which are particularly inspiring your yoga practice?
5. Describe how you first discovered yoga.

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|  |

**Health & Fitness**

Please describe your level of physical fitness

|  |
| --- |
|  |

Do you have any physical conditions, disabilities, injuries or surgeries? (Yes/No) If so, please give details.

|  |
| --- |
|  |

Do you have any medical conditions we should know about, for instance diabetes, asthma, high blood pressure, etc? (Yes/No)  
If so, please give details.

|  |
| --- |
|  |

Are you currently taking medication for any physical or psychiatric conditions? Are you under care of observation for any such conditions? (Yes/No)  
If so, please give details.

|  |
| --- |
|  |

Have you been diagnosed with dyslexia? (Yes/No)   
If yes, please describe what, if any, extra help you may need when completing assessments or practical exams.

|  |
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|  |

**Please keep us updated of any changes to your health between the time of submitting your application and the beginning of the course.**

Where did you hear or read about this course?

|  |
| --- |
|  |

**SUPPORTING DOCUMENTS**

**Two passport sized photographs**

Electronic versions can be emailed to us at **admin@iytt.co.uk**. Please ensure you provide us with your full name when emailing photos.

**Two letters of reference**

Your referees should know you well, and be able to give an assessment of your suitability for the course, together with a brief character reference. In addition, your yoga teacher referee should have a good knowledge of your yoga practice.

* First referee: Yoga teacher (compulsory unless you are a regular student of Catherine Annis, Tanya Love or any of the IYTT faculty teachers).
* Second referee: May be selected from the following source:
  + Recent college or course tutor,
  + Recent or current employer,
  + Second yoga teacher with whom you have practiced regularly
* Please ask your referees to complete the relevant form on the following pages.

**WHERE TO APPLY**

Please prepare your application electronically and send it by email to our Teacher Training Administrator at **admin@iytt.co.uk**.

Our postal address is:

IYTT - Catherine Annis  
Basement Flat B, 93 Oxford Gardens,  
North Kensington, London, W10 5UL

E-mail: admin@iytt.co.uk Phone: 020 8968 4195

**ACCEPTANCE & CONFIRMATION**

At any point during the application process, please feel free to contact us at our email address above or call us on 020 8968 4195 with any questions that you may have about any area of the course. Should you wish to speak to one of Catherine’s previous graduate students, we would be very happy to connect you with one of her previous trainees.

|  |
| --- |
| **Applications will be processed when we have received:**   1. Your application, filled out completely 2. Two passport size photos (you can email electronic versions 3. A4 typed contemplation in bullet point format 4. A recommendation from your teacher 5. A second referee (from sources listed above)   All applications will be reviewed and assessed for eligibility, and places allocated on a first come, first served basis. |

**REFERENCES**

## Teacher Recommendation

*This form is to be filled out by the applicant’s teacher of two years or more.*

|  |  |
| --- | --- |
| Applicant Name |  |
| Teacher’s Name |  |
| Teacher’s Contact Details  (Email; Phone) |  |
| How long have you known the applicant? |  |
| How long has the applicant been a student of yours? |  |
| What classes and/or workshops has the applicant taken with you? |  |
| What are the applicant’s strengths? |  |
| In what areas could the applicant improve? |  |
| Why do you recommend the applicant to this teacher training course? |  |
| Signed |  |

## Second Referee

*This form is to be filled out by the applicant’s second referee, who may be another yoga teacher, a current or recent employer, college lecturer or tutor.*

|  |  |
| --- | --- |
| Applicant Name |  |
| Referee’s Name |  |
| Referee’s Contact Details  (Email; Phone) |  |
| How long have you known the applicant? |  |
| In what capacity do you know the applicant? |  |
| What are the applicant’s strengths? |  |
| In what areas could the applicant improve? |  |
| Why do you recommend the applicant to this teacher training course? |  |
| Signed |  |

**DATA PRIVACY**

By submitting this form, including any references and other supporting information, you consent to this data being collected and stored by **Intelligent Yoga Teacher Training (IYTT)**.

This form collects your name, telephone number and email address along with relevant information to help IYTT to process your application and communicate with you.

Please check our **Privacy Policy** at **www.iytt.co.uk** to see how we protect and manage your submitted data.