



Teacher Training Application

Thank you for your interest in Shiva Shakti's 200-Hour Teacher Certification Program. Help us get a sense of who you are and why you want to train with us by filling out this application in its entirety. You will be notified by email upon your acceptance to this program.

Please send your completed application along with a **color photo** (if you are a regular at the studio, no need for a photo) and \$50 non-refundable application fee to:

Shiva Shakti Power Yoga
Teacher Certification Program
17 Strong Ave
Northampton, MA 01060

PERSONAL INFORMATION:

Name: _____

Address: _____

Phone: (cell) _____ (other) _____

E-mail: _____

Occupation: _____

Date of Birth: _____ Gender: M F T-shirt size: S M L XL

Emergency Contact:

Name: _____

Relationship: _____

Phone: (cell) _____ (other) _____



Shiva & Shakti
POWER VINYASA YOGA

Please answer the following questions in essay form on a separate sheet of paper.

1. Why are you interested in this training?
2. Describe your yoga practice:
 1. How long have you been practicing?
 2. Who have been your most influential teachers and why?
 3. List any trainings, intensives or retreats you've participated in and why?
 4. What style(s) of yoga do you practice?
 5. How often and how long do you practice? (for example: 90 minutes, 3 times a week)
3. Are you currently teaching yoga? If so, how long, where and what style of yoga do you teach?
4. What do you hope to gain from this experience? What are your expectations for this training?
5. What does yoga mean to you?
6. What is your highest aspiration in life?
7. What has been your biggest challenge in life so far (physically and emotionally)?
8. Describe your diet, other physical practices, hobbies and interests.
9. Is there anything else you would like us to know about you?

HEALTH HISTORY

Do you have specific health concerns or injuries we should know about?
If yes, please explain.

Yes ___ No ___

Do you take any medications? If yes, please explain.

Yes ___ No ___

Are you currently, or have you been in the last year, under the care of a
physician or mental health specialist for any reason? If yes, please explain.

Yes ___ No ___