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**APPLICATION FORM 2020**

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Full names:

Email Address:

Contact:

Physical Address:

Date of Birth:

**Please provide a summary of your yoga history:**

Overview:

What style of yoga do you practice?

Do you have a self-practice?

If so, what does it consist of?

**Can you do the following asanas (postures)?**

Ardha Chandrasana/ Half moon

YesNo

Bakasana/ Crane posture

YesNo

Chaturanga Dandasana/Rod (low plank)

YesNo

Padmasana/Full Lotus.

YesNo

Urdhva Dhanurasana/Backbend, pushing up from the floor

YesNo

Ustrasana/ Camel pose

YesNo

Virabhadrasana 3/ Warrior 3

YesNo

Sirsasana/ Headstand

YesNo

Salamba Sarvangasana/Shoulder stand

YesNo

**Other relevant information:**

Do you have any injuries?

YesNo

If yes, specify:

Do you have any chronic disease?

YesNo

If yes, specify:

List any medication you are currently taking:

Have you ever been injured with your asana practice?

YesNo

If yes, specify:

Do you practice pranayama (breathing techniques)?

YesNo

Do you meditate?

YesNo

Please give details on frequency and duration:

How does yoga form part of your life and what might be some of the areas that you wish to improve upon?

Where would you like to see yourself regarding your practice and teaching once you have completed the 200-hour course?

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**\*Due to Covid-19 assessment will be done online. You will be required to send a video of yourself (minimum of 15 minute footage) doing any class on the eonyoga facebook page.**

**\*For class details go to** [**www.eonyoga.com**](http://www.eonyoga.com) **or visit the eonyoga facebook page.**

**\*Eonyoga will contact you if there are any further questions and will confirm whether you have been accepted for the Level 1 RYT 200 teacher training course.**

**\*Payment only to be made after confirmation of acceptance by Eonyoga teacher training school.**

**\*Please note that the individual, and not Eonyoga, will be responsible for incurring the costs of any online banking transactions should it be deemed necessary.**

**\*A minimum of 5 students required for the course to commence.**

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Name Signed Date