



The Yoga Centre of Burlington
Teacher Training Application

541 Brant Street, Studio 1 Burlington, ON L7R 2G6
ycob@yogaburlington.ca 905-639-6138

Date: _____ Home phone: _____

Name: _____ Work phone: _____

Mailing address: _____ E-mail: _____

Profession: _____

Date of Birth: _____

Education: Include high school, college, post-graduate work, names of schools, degrees, majors, minors and any other education that would provide a background for this training (i.e chiropractic, medical, massage, anatomy, etc)

How many years have you been practicing yoga? _____

Please describe any other yoga experience you have, including other teacher trainings. Include specific systems, teachers and length of study with each.

Please describe your home practice. Include how often, duration, and for how many years you have maintained this practice.

Do you practice meditation? If yes, how often? For how long?

Do you currently teach yoga? Where and what style?

Do you have any physical injuries or medical condition? If yes, please describe.

Please list treatments or medication for all of the above conditions.

Why do you practice yoga?

Why are you interested in this particular training?

If your application is accepted, you may send the first non-refundable installment to The Yoga Centre of Burlington. You will be informed of orientation date where you will receive your reading list and details regarding the course.