



www.beinginyoga.com



**KHYF Yoga Teacher Training Course**  
**Application Form**

FAMILY NAME:

FIRST NAME:

Date of Birth:

Nationality:

Gender: M F

How did you hear of this course?

Address:

Tel # (HP & home):

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BRIEFLY DESCRIBE EDUCATION OTHER THAN YOGA (university degree, vocational training, etc.):

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EXPERIENCE IN YOGA (courses, seminars, classes, etc.):

Are you currently following a regular yoga class? Where? In a group or individually?

Teacher(s) / Yoga Centre:

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EXPLAIN YOUR MOTIVATION AND OBJECTIVES IN TAKING THIS COURSE (you may also use the back of this form):  
DO YOU INTEND TO TEACH OR IS IT FOR PERSONAL DEVELOPMENT?

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HEALTH: EXPLAIN ANY PREVIOUS OR CURRENT ISSUE THAT MAY BE RELEVANT TO YOUR YOGA PRACTICE OR USEFUL FOR THE TRAINER TO KNOW (you may also use the back of this form):

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Please do not write below this line

Date rcvd:

Cert#:

CF #:

KID ID: