

Application

Dear Friend,

Thank you for your interest in yoga teacher certification at The Yoga Barn. Enclosed you will find the application form that you need to be completed for program application. Once we have reviewed your application we will notify you of your acceptance status. Please return these forms as soon as possible to guarantee your place.

HATHA YOGA TEACHER TRAINING - T.A.Y.S. 200-HOUR CERTIFICATION PROGRAM APPLICATION FORM

Return completed application to:

**The Yoga Barn
997 Hwy 341
Centreville, NS B0P 1J0**

I am applying for the The Yoga Barn/TAYS yoga teacher training program starting

_____.

NAME: _____ **AGE :** _____

MAILING ADDRESS: _____

City Province Postal Code

HOME PHONE: () _____ **WORK PHONE:** () _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

If not currently employed, your vocation, training, or profession.

PREREQUISITE INFORMATION (If an answer is no, please explain)

Regular Yoga Practice for at least 1 year? YES ___ NO ___ # years practicing Yoga ___

How frequent is your current practice? Daily___, 6x/wk___, 4-5x/wk___, 2-3x/wk___

What length of time do you regularly practice? ½ Hr___, 1 Hr___, 1.5 Hrs___, 2 Hrs (+) ___

Regular Classes for at least 6 months? YES ___ NO ___

Teacher's Name: _____ **Yoga Style/Tradition:** _____

PAST YOGA EXPERIENCE / OTHER STYLES OR TRADITIONS

MY GOALS WITH TAKING THIS TRAINING PROGRAM, MY EXPECTATIONS FOR TAKING THIS TRAINING PROGRAM: _____

CURRENT YOGA TEACHING EXPERIENCE

Are you currently teaching yoga? If yes: Number of Classes per Week _____
What tradition/style? _____ How long? _____

YOUR PERSONAL RELATIONSHIP TO YOGA AND BECOMING A TEACHER

On a separate sheet of paper please answer the following questions. Please be concise, limiting your responses to short paragraphs:

1. What does yoga mean to you?
2. How has your involvement in yoga changed and developed over time?
3. Please describe your perception of what a yoga teacher provides students.

HEALTH INFORMATION

Under medical treatment or supervision for:

Pregnant: _____ Due date: _____ Comments: _____

Chronic Physical Limitations/ Physical Handicaps (e.g., vision, hearing, movement, etc.)
Nature & Extent of Limitation

Serious Illness or major surgery within the last 5 years (e.g., heart problems, cancer, etc.)
Conditions and Dates:

Communicable Diseases:

Drug or Alcohol Addictions:

Prescription Medications (indicate dosage and frequency of intake):

EMERGENCY CONTACTS: In case of emergency please contact:

Name: _____

Phone: _____

Physician: _____

Phone: _____

ADDITIONAL INFORMATION:

How did you find out about Therapeutic Approach Yoga Teacher Training Program?

CERTIFICATION CRITERIA:

- This course is intended to result in your certification as a Hatha Yoga Teacher.
- Certified Hatha Yoga Teachers from Therapeutic Approach Yoga Studio must possess the skills and abilities necessary to safely and competently teach Hatha Yoga.
- We reserve the right to withhold certification from any student who fails to develop the skills necessary to competently and safely teach Hatha Yoga as outlined in the teaching program.
- Every attempt will be made to provide input throughout the program about teaching deficits that might impede certification. Program instructors will use the following criteria to establish student eligibility for certification:

1. Practice Teaching: At the end of the program participants will be asked to teach a ½ to 1 hour test yoga class. All aspects of the student teacher’s performance will be graded including timing of the class, sequencing, safety, physical assists, etc.

2. Attendance: Missed time during YTT program - Once the YTT program has begun there are no refunds or changes. Concessions can be made for medical reasons with a doctor's note. If participants miss time during the YTT program they are expected to make up the content from other participants. Participants are required to make up the hours missed by attending and paying for another program at the Teacher Training level with a certified Yoga Alliance teacher from TAYS or at another facility as approved by TAYS TEACHER TRAINERS. If fewer than 4 hours are missed these hours can be made up by attending additional classes at THE YOGA BARN/ TAYS studio at the participant's expense. When hours missed exceed 4 hours then additional hours must be made up at a program or workshop at the teacher training level. These hours

would be paid at an additional expense to the student. Participants must make up these hours and the content in order to receive their certificate of completion.

Tests: Throughout this course, students will be required to write written tests on the material. Students who receive less than 70% on any given test will be required to demonstrate that they understand the material that was incorrect.

Students who receive less than 60% on any given test will be required to re-take the test at the additional cost of \$100 plus tax and demonstrate that they understand the material that was incorrect.

Fees: All program fees must be paid-in-full **prior** to receiving certification.

Professional Behavior and Ethical Conduct: All students in the program are required to behave in an ethical manner to help create safety while maintaining a professional atmosphere. If a participant has been using alcohol or drugs prior to a session they will be asked to leave for the remainder of the session. If a second warning is required they will be asked to leave the remainder of the program. No refunds will be provided.

Continuing Education: Successful yoga teaching requires continued learning and renewal. Students are required to complete a minimum of twelve (12) clock hours of yoga-specific training per year after certification. This requirement is to be recorded and tracked by the individual yoga teacher on the “honor system” and should be able to verify documentation at any time as proof of meeting this requirement.

AGREEMENT:

I have read and understand all the above criteria for certification as a Hatha Yoga Teacher through THE YOGA BARN/Therapeutic Approach Yoga Studio. I agree to meet all ethical and continuing education requirements outlined in this document.

NAME:

PLEASE

PRINT: _____

Date: _____