

**200 HOUR VINYASA FLOW YOGA TEACHER TRAINING**

***APPICATION FORM***

Please send back this form to us: info@jogakozpont.hu

|  |  |
| --- | --- |
| Name: |  |
| Trainings start date: |  |
| Date, and place of birth: |  |
| Address: |  |
| Cell phone: |  |
| E-mail: |  |
| Your English knowledge level | Beginner / Intermediate / Advanced / Native |
| Would you need translation on the program to Hungarian? | Yes / No / Maybe, but not necessary |
| Do you have any diploma on a neighbouring field like yoga? |  |
| Highest school degree: |  |
| Actual job: |  |
| Yoga Experience:Where, since when, how regular, which yoga style, teachers name |  |
| Have you ever taught yoga? |  |
| Health condition:please tell us every actual or past illness you think would be important (physical and mental as well) |  |
| Do you take any medicaments? |  |
| Motivation:Why would you like to be a yoga teacher? |  |
| How did you find our training? Did someone recommend it to you? Did you find us on the internet? Face or google ad? Did you meet us on an event? |  |
| Could you come in to our studio or talk on skype for a short interview? (appr 20 mins) Which time is usually good for you? |  |
| Payment infoWould you like to pay cash, by bank transfer or by credit card? Pls choose | 1/ Cash 2/ Bank transfer from Hungarian account3/ Bank transfer from abroad4. Credit or debit card |

**By signing this application form I also agree with the payment and cancellation policy of the training.**

Date: Day:………..Month:…………Year:……………. …………………………………….

signature