



**Yoga Teacher Training 200 hour
QUESTIONNAIRE**

Please answer the following questions and submit with the Application Form and Medical Questionnaire. **All information is confidential.**

Full Name: _____ Date: _____

1. Describe your experience with yoga (including other yoga teacher training). With whom have you studied, for how long, in what style?

2. Have you practiced meditation and/or pranayama? Describe your experience.

3. Describe your current yoga practice. What does it consist of? Does it include pranayama and meditation or just asana? Do you have a home practice or take classes?

4. Have you ever participated in an intensive residential training course of any kind before? If so, please describe your experience.

5. Have you studied anatomy/physiology or Ayurveda?

6. Briefly describe any other body/mind or spiritual practices you have been involved with, other than yoga.

7. What do you want to gain from this program?

8. Are you currently teaching yoga? (Please circle) No Yes Describe briefly.

9. Are you interested in teaching yoga? (Please circle) No Yes Undecided

10. Any additional comments?

The Salt Spring Centre of Yoga

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