

Grace & Presence Yoga Teacher Training

with Mollie McClelland Morris, Fern Trelfa and Nathalie Joel-Smith

2017 TEACHER TRAINING APPLICATION FORM

Please complete this form and submit it directly to

yoga@molliemorris.com or post to 107 Wells Way London SE5 7SZ

Students will be notified of acceptance within one week of receipt of this application form.

Please note: Upon acceptance, your place on the course will be reserved on receipt of £750 deposit.

For any further information

<http://www.molliemorris.com/london-yoga-teacher-training>

NAME (Legal)

LAST

FIRST

MIDDLE

SPIRITUAL, CHOSEN OR PREFERRED NAME for certificate

GENDER _____

DATE OF BIRTH _____

CONTACT INFO

TELEPHONE/MOBILE _____

EMAIL _____

ADDRESS _____

EMERGENCY CONTACT INFORMATION

STUDENT REFERENCE - A RECENT YOGA TEACHER, OR OTHER YOGA PROFESSIONAL.
CURRENT OR FORMER STUDENTS MAY USE MOLLIE, FERN OR NATHALIE

NAME and POSITION _____

EMAIL _____

INFORMATION

Current occupation:

How long have you been practicing Yoga?

Briefly describe your Yoga practice and experience.

Why have you chosen to participate in a teacher training programme?
What are your goals and intentions with respect to teacher training?

What is it specifically about this approach to Yoga that interests you?

This teacher training programme is designed to be a small group experience, so that each participant can explore his or her individual interests within yoga practice. Do you have any specific topics of interest? Client groups you would like to work with? Additional experience or topics you would like to weave into your yoga and teaching practice? Please be as specific as possible.

Teacher training policy:

A non-refundable deposit of £750 is required to secure your place on the course. From 10 September, 2017, any course fees paid are non-refundable. Places on the course may be transferred to another suitable applicant, less deposit, including students on a waiting list if applicable. From the course start, no refunds for payments will be offered. All payments must be paid when due. Late fees will be applied for late payments.

In order to complete the Teacher Training programme, and receive 200 hour training credit hours, attendance at **all** sessions and completion of all outside assignments **on time** is mandatory. If student misses a session, without prior agreement, there may be opportunity to make up that session privately with the tutor at the rate of £60 per hour.

PLEASE NOTE: No refunds, credits or transfers can be given for no-shows, early departure from programme, unused days, travel delays, or Mother Nature. Should the programme be cancelled by us then all payments including deposit shall be returned. Spaces on the programme are limited. Applications will be considered based on the information provided on the application form. Decisions to accept a candidate are made in the sole and absolute discretion of course directors.

Please sign to show understanding of this policy here:

Signature

Health Information

The following will be used to better assist you during the TTC. Your answers will be kept in strict confidence, with a view to guiding your unique program.

- Do you have any chronic limitations, injuries or disabilities? Yes / No
Are you currently taking medication for any physical or psychological condition? Yes / No
Have you had a serious illness or surgery? Yes / No
Are you currently pregnant or trying to become pregnant? Yes / No

Do you have, or have had in the past any of the following conditions:

Please give details:

- | | |
|---|----------|
| Asthma or other respiratory condition | Yes / No |
| Heart or circulatory problems | Yes / No |
| Chest pain or breathlessness | Yes / No |
| High/Low blood pressure | Yes / No |
| Epilepsy/Fits | Yes / No |
| Diabetes | Yes / No |
| Arthritis/osteoporosis/ osteopenia | Yes / No |
| Spinal injury (i.e. disc prolapsed, disc fused, whiplash etc) | Yes / No |
| Joint pain/injury/excessive mobility/restricted mobility | Yes / No |
| Major surgery | Yes / No |
| Minor surgery in last 2 years | Yes / No |
| Hernia | Yes / No |
| Glaucoma or detached retina | Yes / No |
| Headaches/dizziness/fainting | Yes / No |

Please give details of any other conditions or concerns that you may have that may affect your ability to exercise, and whether you have received, or are receiving any medical treatment.

Do you have any mobility problems i.e. restricted movement, unable to sit on the floor or get up and down from the floor, stiff neck, etc.?

no

If you answered YES to any question above, please substantiate your reply with a short explanation. If there is anything else about your physical or psychological health that you feel might affect your participation in the TTC, please explain:

The information provided on this form is treated as confidential and will only be seen by those teachers and staff involved with the Teacher Training Course.

PLEASE READ AND SIGN:

I have read and understood the above information and fully informed the teacher of any health restrictions or contraindications I have. I understand that it is my responsibility to consult a GP prior to undertaking this course if necessary, and that by voluntarily undertaking this course I accept all responsibility for any risks, injuries, damages, know or unknown, that I might incur as a result of participating in this program.

Yoga training is not a substitute for medical counseling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner.

In further consideration of being permitted to undertake this Yoga Teacher Training Course, I expressly waive any claim I may have against the staff/teachers for any personal injury, property damage or loss resulting from my use of any facilities or premises.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions above.

I certify that all the information above are exact and that I agree to the teacher training policy.

Signature

Date

Print Name