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**Yoga Nidra Teacher Training Course 2020**

**Application Form**

Please either:

Complete this form online, save the document as: ‘YogaNidra2020Application.**yournamehere**.doc’ and email it to: **yagnamurti@gmail.com** and **nirmalyoga@hotmail.com**

**Or** print it out, complete and post (with an **SAE** for reply) to:

**Yoga Nidra Course 2020, c/o Satyananda Yoga Centre, 70 Thurleigh road, London SW12 8UD**

You can be assured that all information will be treated confidentially and will only be accessible to the teachers of the course.

**Application is not a guarantee of acceptance onto the course, which you will receive within three weeks after the closing date which is end of November 2019.**

Interview by telephone may be requested prior to being offered a place on the course.

**Personal Information**

Name:

Spiritual Name: (if applicable):

Date of Birth: Female: Male:

Address:

Telephone: (your preferred contact number):

E mail: (please write clearly):

Name of emergency contact (should the need arise during the course)

Name: Number:

Relationship:

**Yoga and Teaching Experience:**

How long have you been practicing yoga?

Is Yoga Nidra part of your regular practice?

If so, is this with a teacher or with recordings, or both?

Who with, and which recordings have you used?

With which school did you do your teacher training, when, and how long was the course?

For how long and how regularly have you been teaching yoga?

What types of classes?

Have you had any previous training in teaching Yoga Nidra?

If so, who with?

Are you currently teaching Yoga Nidra?

Any other yogic training or experience?

Course Organisation Location Dates

**Health Information**

Please give brief details of any past surgery, serious medical illness or any other past or current conditions: (due to the nature of the course, it is important we are aware of anything that is relevant to your practice):

Are you Pregnant? Yes [ ] No [ ]

Please indicate: [ ] 0–3 months [ ] 3–6 months [ ] 6-9 months

Are you currently receiving or have you ever received any form of psychiatric treatment, or had any cause to receive treatment from a professional for reasons of mental health, or psychological or emotional well-being? Yes [ ] No [ ]

Have you ever been diagnosed with a clinical psychological or psychiatric condition? (This may include anxiety and depression) Yes [ ] No [ ]

If yes, please specify.

*(please continue on a separate sheet or create more space here if necessary)*

Are you taking any medication? Yes [ ] No [ ]

If yes, please specify:

*(This information is requested so that any particular needs may be accommodated for and will not influence any decision in regards to your application for enrolment. Applicants with a disability are advised to contact the Course Coordinator to discuss their requirements. All information provided will remain strictly confidential.)*

**Why do you wish to undertake this Yoga Nidra course?**

*Please include reference to your interest in teaching Yoga Nidra and any relevant personal experience of the technique and its value to you.*

*(continue over or on a separate sheet if necessary)*

Signed: Date: