



Orbis Yoga Teacher Training

Application for Admission into Program

Program Dates: October 5, 2011 - June 30, 2012

Contact Information

Name: _____ DOB: _____

Address: _____

Phone (primary): _____ (2nd): _____

Email: _____

Emergency Contact: _____ Relationship: _____

How did you find out about Orbis Yoga Teacher Training? (print ad, website, Facebook, online newsletter, friend, etc.)

Yoga Experience

How long have you been practicing yoga? _____

How long have you had a consistent practice? _____

What is the frequency of your practice? _____

On average, how long is your practice? _____

What style(s) do you currently practice? _____

Who has been your primary teacher? _____

Education

What is the highest level of education you have obtained: (circle)

High School Tech/voc. School College: 1 2 3 4 Grad School

Please list any body centered trainings you have completed (e.g., massage therapy, Reiki, Pilates, fitness training)

Work

Are you currently employed: Yes_____ No_____ Retired:_____

Current/previous occupation:_____ No. of yrs._____

Where:_____

Health Information

Do you have any health concerns? Yes_____ No_____

Are you currently under medical treatment for any physical condition: Yes_____ No_____

Have you had a serious illness or major surgery within the past five years?_____

Do you have any chronic pain, physical limitations, or disabilities?_____

Do you currently take any prescriptions for any medical condition?_____

Please describe any of the above.

Have you ever been charged for or convicted of a felony? Yes_____ No_____

If yes, please describe: _____

Short Answer (use a separate sheet of paper or back of form, if needed)

Briefly describe your relationship to yoga and interest in deepening your practice.

Provide a description of your typical yoga practice, including typical postures you may include in your practice.

Besides yoga, are there other physical activities in which you regularly engage, including how often?

What skills/attributes do you have that you feel make you a successful candidate for this program?

I acknowledge that all information submitted in this application is true and accurate. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program. I acknowledge that I have read the certification criteria, and, should I be accepted to attend the Orbis Yoga Teacher Training, I understand I will be evaluated using these criteria .

Signature

Date

Print Name

References and Letters of recommendation:

Please provide two references to support your application to the Obis Yoga Teacher Training Program.

It is desirable that at least one letter be from someone who knows of your interest in intensive yoga study (such as a yoga teacher, counselor, pastor, or spiritual director).

References:

1. Name: _____

Address: _____

Phone: _____

Relationship to applicant: _____

2. Name: _____

Address: _____

Phone: _____

Relationship to applicant: _____

Letters of reference may be included with completed admission form or sent via standard US mail, or email to:

Linda Smith, 2327 Manchester Road, Louisville, KY 40205
Email: linda@orbisyoga.com
Fax: (502) 454-4449

Please keep a copy of your application for your records.

Personal Interview

Upon completion and submission of your application, you will receive notification from Orbis of your status. Allow two weeks for the application review process.

If your application is in order, a personal interview with the program director will be arranged. You will be notified by email or receive a phone call to set up the interview.

This interview will be a final step in admission to the program and help to determine if our program is a good fit for your study and needs at this stage in your journey.

Program Application Checklist

- Complete and sign program application.
- Submit \$25 application fee by check (non-refundable)
- Letters of recommendation are available. (Choose one below):
 - included with application
 - will be sent via US postal mail
 - will be sending via email
- Permission to contact reference directly is granted.

Mail application to:

Linda Smith
2327 Manchester Road
Louisville, KY 40205