

## Application for *Carried Downward Breath*, 2012

### A Prenatal Yoga Teacher Training

At The Yoga Room with Juliana Mitchell

#### CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell #: \_\_\_\_\_ Other (home or work) #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship to Emergency Contact: \_\_\_\_\_

Emergency contact Tel. # : \_\_\_\_\_ /E-mail \_\_\_\_\_

#### PREREQUISITES

*Applicants to this program must i) have completed a 200-hour Yoga Teacher Training, ii) carry their own Yoga Teacher Liability Insurance, iii) have been teaching group classes for a minimum of 6 months and iv) have read and understood the document entitled "Information Overview for Carried Downward Breath, 2012", which describes in detail the scope of work that this program entails.*

I have completed a 200-Hour Yoga Teacher Training Program or (minimally) the equivalent.

Yes\_\_ No\_\_

Name of Program: \_\_\_\_\_

Dates: \_\_\_\_\_

I carry Liability Insurance for myself as a Yoga teacher and it is current.

Yes\_\_ No\_\_

I have been teaching for minimally 6 months. (Or I've been granted an exception by Juliana Mitchell. **If you have been granted an exception, please print out and attach the e-mail in which this is stated and agreed.**)

Yes\_\_ No\_\_

I have thoroughly read and I understand the "Informational Overview":

Yes\_\_ No\_\_

#### ABOUT YOU

*On a separate piece of paper, please answer the following questions.*

- 1) How long have you been practicing Yoga?
- 2) What is your personal Yoga practice like?
- 3) Where do you teach and how often do you teach?
- 4) What characterizes your teaching?
- 5) Please describe any injuries, diagnosis or conditions (if any) that may affect your ability participate in this program?

- 6) Please describe any personal practices (if any) that may affect your ability participate in this program?
- 7) Do you have a background in Anatomy, Kinesiology or other related disciplines?
- 8) Are you a doula, midwife or Ob/Gyn ,or involved in a related discipline?
- 9) Are you already teaching Prenatal Yoga Classes?

**APPLICATION PROCESSING FEE**

*A non-refundable, application-processing fee of \$20 is required for your application to be reviewed and processed. Upon acceptance to the program, this amount will be deducted from your tuition.*

*Please provide credit card information for the processing of this fee.*

Name as it appears on your card: \_\_\_\_\_

Mailing address associated with this card: \_\_\_\_\_

Type of Credit Card (circle one): Visa / Mastercard / Discover / American Express

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVC Number on back of card: \_\_\_\_\_

**APPLICATION SIGN OFF**

**I attest that all information contained herein is true and accurate.**

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (sign):** \_\_\_\_\_

### **APPLICATION SUBMISSION INSTRUCTIONS**

Place your completed and signed application, along with a copy of your updated resume, into an envelope and mail or deliver your application to:

The Yoga Room

**Attn: Juliana/PYTT APPLICATION REVIEW**

10-14 47 Road

Long Island City, NY 11101

### **WHAT HAPPENS NEXT?**

- 1) Once your application is received in a completed form and your application fee is processed, your application will be reviewed.
- 2) Once your application is reviewed, you will be contacted and notified of your acceptance or otherwise.
- 3) Upon acceptance being communicated to the applicant, tuition payment is required.
- 4) A spot in the program is confirmed only once tuition payment is made.

### **ANY QUESTIONS?**

Please contact Juliana at [julianaisadora@yahoo.com](mailto:julianaisadora@yahoo.com)