



# Teachers Training Enrolment Form

www.yoga.org.hk



Welcome to the Teacher Training Course at Life Management Yoga Centre. Please answer the questions (briefly and from your personal experience). This information will be confidential to the staff of TTC only; its purpose is to offer a more individualized opportunity to the student for their personal growth during yogic practice.

## Course Applied for:

RYT500 – FULL -TIME (WEEKDAYS)

RYT500 – PART-TIME (SATURDAYS)

DATE APPLIED: \_\_\_\_\_

**2"x2" Photo**

Affix one recent photograph here

## A.) Personal Information

Full Name (as on HKID): (First Name) \_\_\_\_\_

(Last Name) \_\_\_\_\_

(Middle Name) \_\_\_\_\_

HKID NO.: \_\_\_\_\_ Chinese/English Name (if any): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Residential Address on Passport: \_\_\_\_\_

Current Address (if different from passport): \_\_\_\_\_

Mobile no: \_\_\_\_\_ Telephone no: \_\_\_\_\_ Office no: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2 (if any): \_\_\_\_\_

Status:  Single  Married  Divorced  Widowed  Have Partner

How long have you been in Hong Kong? \_\_\_\_\_

*(Please skip B, C, D, and E if no changes from your RYT200 form)*

## **B.) Academic & Professional Qualifications**

### **i. ACADEMIC QUALIFICATIONS (IN REVERSE CHRONOLOGICAL ORDER)**

Name of School/College/University/Other Education Institution	Major Subject	Degree/Qualification Obtained	Period of Study		
			From (mm/yy)	To (mm/yy)	TOTAL PERIOD

### **ii. PROFESSIONAL / TECHNICAL QUALIFICATIONS**

Professional / Technical Qualifications	Issuing Authority/ Organization	Date of Issue

## **C.) Employment Record**

Name and Address of Company/Employer	Position/Occupation	Nature of Duties	Period of Employment		
			From (mm/yy)	To (mm/yy)	TOTAL PERIOD



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## D.) Other Practices

(Have you studied/experienced other holistic, therapeutic or spiritual practice(s) before? If yes, fill up the table below.)

Name of Organization & Location	Nature of Business	Workshop Nature (Title)	Participation Period		
			From (mm/yy)	To (mm/yy)	TOTAL PERIOD

## E. Community Welfare/Social Service

Name of Organization & Location	Nature of Business	Major Responsibilities	Participation Period		
			From (mm/yy)	To (mm/yy)	TOTAL PERIOD

## F.) Yoga Background

How long have you been practicing Yoga? \_\_\_\_\_

Have you been practicing Yoga regularly in the last six months?

\_\_\_\_\_

How many hours a week do you practice? \_\_\_\_\_



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What is your purpose/objective to upgrade to Advanced Yoga Teachers Training? (Minimum 100 words)

If you already completed Basic Teachers Training, under which Traditional school you have done?

Yoga Books studied: \_\_\_\_\_  
\_\_\_\_\_

Have you done any other Yoga course / teacher training in any school/ did you receive other yoga teachers training certifications? If yes, mention and please email to us

Country	Name of the school	Type of Yoga Studied	Course Duration	Year



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## G.) Teaching Experience

I. Have you previously taught yoga?  Yes  No

If yes, please specify:

Name and Location Studio	Mode of Teaching	Type of Yoga Class	Period of Teaching		
			From (mm/yy)	To (mm/yy)	TOTAL PERIOD OF TEACHING

II. Are you currently teaching Yoga?  Yes  No

If YES, please specify:

Name and Location of Studio	Mode of Teaching (Part time or Full time)	Type of Class

If answer to the above is **NO**, Do you intend to teach after finishing TTC? \_\_\_\_\_  
\_\_\_\_\_

Do you wish to be part of Self-Social Care Initiative for refund with services?

Yes  No

If YES, what services can you offer to compensate for the hours?

\_\_\_\_\_  
\_\_\_\_\_

How much free time are you available to serve the Self Social Care Initiative?

Weekly  Fortnightly  Monthly

Please specify how many hours. \_\_\_\_\_



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Why do you want to teach Yoga?

**H.) Important**

Where did you learn about LMYC? Why did you choose LMYC?

What are your **expectations** from this **TTC**? Please be specific.



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## I.) Hobbies / Interests:

Please **describe** any of your **special skills and talents**:

## J.) Health

Any injuries or medical conditions at present or in the past: Please describe any physical or emotional issues both past and current (Kindly elaborate). Please mention any medication you are taking or have taken earlier.



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Any other thing you would like to express that has not been covered in this questionnaire?

### **K.) Declaration:**

A. *I declare that all the information provided above is true to my knowledge. I accept the responsibility for the authenticity of the information provided above. I will sincerely follow the rules & regulations and code of conduct during the TTC. I would like to enroll for the course willfully and it would be my responsibility to complete the course successfully as per the standards, code of conduct and rules set by The Yoga Institute and Life Management Yoga Centre*

**Date & Place:**

**Signature of the Student:**

**Note:** Please fill in this form and send it along with a scanned copy of your HKID card and certificates.

**Incomplete forms will not be considered.**