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**ACADEMY**

## APPLICATION FORM FOR THE TRAINING TO BECOME A CERTIFIED IYENGAR YOGA TEACHER IYD®

Please answer the questions as honestly and thoroughly as possible.

If necessary, use another sheet.

The information provided will be verified if necessary.

All information will be treated confidentially.

First name/Surname	
Street/house number	
Postcode/place of residence	
Phone/Mobile	
E-mail address	
Date/place of birth	
School education	
Education/University	
Acquired degrees	
Occupation	
Marital status	

Passport  
photo

How long have you been practicing yoga?	
How long have you been practicing Iyengar yoga?	

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Have you already completed a yoga teacher training?	
Where?	
How many hours did it cover?	
Have you taken an exam?	
Have you already completed an Iyengar Yoga teacher training?	
Where?	
How many hours did it cover?	
Have you taken an exam?	
Have you taken an exam? (Please enclose proof)	

Do you teach yoga?	
How many hours per week?	
Since when?	
With which institution do you teach?	
Were there any breaks?	

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How often do you practice?	
What postures do you practice?	
Do you practice Pranayama?	
How often?	
What types?	

Do you have any physical problems (illnesses, accidents, surgeries)? Please give details.
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Do you have psychological problems?	
Are you receiving medical or psychotherapeutic treatment?	
How many hours did it cover?	

Please state the name of your Iyengar Yoga teachers and please indicate how long you have been taking classes with them:			
Name of the teacher	from	to	Place

Notes:
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I hereby apply for the Certified Iyengar Yoga Teacher Training.  
I assure that all the information I have given is true.

.....  
Place & date

.....  
Signature