



Presents

Wisdom Yoga Therapy

Post Graduate Teacher Training

2018 Application Form

Please note: This post graduate training is for yoga teachers with a minimum 200hrs teacher training, 1 year of personal practice and 1 year of teaching experience.

First Name:	Surname:
Date of birth:	Email:
Phone (h):	Phone (w):
Phone (m):	Address:
Emergency contact name:	Emergency contact number:

Your highest level of education:

Course name	Area of study	State/country	Name of institution	Year completed
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Please include responses to the following questions:

How did you hear about this course?
What year did you take your first yoga class?
Please outline your practice history, including style of yoga practiced, where, and name of teacher.
Where and when did you complete your 200-hour (or longer) yoga teacher training certification? If you are a member of a professional yoga teaching body please list.
Are you currently teaching yoga? If YES, please provide details of: Number of public (group) classes per week: Number of private classes per week:
Do you have any medical conditions we need to know about? Please provide details.

In your own words, provide a definition of yoga therapy, as you understand it.

Have you had personal experience using yoga as therapy? Please provide details.

Why do you want to study Yoga Therapy with Wisdom Yoga Institute?

Payment and Application Processing Information

All applications must be accompanied by an application fee of AU\$500. Once your application is received, you will be notified within 2 weeks whether or not your application has been successful. If your application is unsuccessful, we will fully refund the AU\$500 application.

Applications are accepted and processed in the order in which they are received.

For secure international or credit card payments please contact us for a PayPal invoice. You may pay the application fee by cheque, made payable to C.Gibson or by direct deposit, as below:

Bank name: Commonwealth
Account name: Living Yoga Therapy
BSB: 066-158
Account #: 10347277

Please include your name and 'yogatherapy' in the payment information field.