

SATORI Yoga Teacher Training ~ the Yin & Yang of Modern Yoga

Thank you for your interest in the SATORI Yoga Teacher Training program. Please complete the following application form, and enclose your non-refundable **\$500.00 deposit**, made payable to **Satori Yoga & Healing Inc.** Once we have reviewed your application we will notify you of your acceptance status. Please return these forms as soon as possible to guarantee your place in the program, as enrollment is limited to both a minimum and maximum.

Return completed application to:

Stephanie Calhoun
c/o Satori Yoga & Healing Inc.
40 MacLean Court
Fredericton, New Brunswick
E3G 9Y1

“SYTT Program Application”

I am applying for the SYTT 100 hour program beginning: _____

Please check: Yin Module: ___ Energy Module: ___ Ayurveda Module: ___

NAME: _____ AGE : _____

MAILING ADDRESS: _____

City, Province, Postal Code

HOME PH: () _____ WORK PH: () _____ CELL:() _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

PREREQUISITE INFORMATION (If an answer is no, please explain)

Do you have a high school diploma or equivalent? YES ___ NO ___

Do you have any post secondary education? YES ___ NO ___

If YES, what is the name of your educational institution, and did you receive a diploma?

Regular Yoga Practice for at least 1 year? YES ___ NO ___

Number of years practicing Yoga ___

How frequent is your current practice? Daily __, 6x/wk __, 4-5x/wk __, 2-3x/wk __

What length of time do you regularly practice? ½ Hr __, 1 Hr __, 1.5 Hrs __, 2 Hrs (+) _

Regular Classes for at least 6 months? YES ___ NO ___

Teacher's Name: _____ Yoga Style/Tradition: _____

Do you have a regular meditation practice? YES ___ NO ___

If yes, what type/tradition of meditation do you practice? _____

PAST YOGA EXPERIENCE, STYLES OR TRADITIONS:

CURRENT YOGA TEACHING EXPERIENCE:

Are you currently teaching yoga? If yes, how many classes per week: _____
What tradition/style? _____ Duration of each class? _____
What program did you receive your certification through? _____

HEALTH INFORMATION:

Under medical treatment or supervision for: _____

Pregnant: _____ Due date: _____ Comments: _____

Chronic Physical Limitations/ Physical Disabilities (e.g., vision, hearing, movement, etc.)
Nature & Extent of Limitation

Serious illness or major surgeries within the last 5 years (e.g., heart problems, cancer, etc.)
Conditions and Dates: _____

Communicable Diseases: _____

Drug or Alcohol Addictions: _____

Prescription Medications (indicate dosage and frequency of intake): _____

Presence of pins, plates, rods or internal wires: _____

EMERGENCY CONTACTS: In case of emergency please contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

ADDITIONAL INFORMATION:

How did you find out about the SATORI Yoga Teacher Training program?

APPLICATION LETTER

Please attach a brief letter detailing why you wish to be a Yoga Teacher, how Yoga has impacted your life, and what you hope to receive from a program such as the SYTT program. Please limit your letter to one page at the most if possible. This letter must accompany your deposit and application form for your application to be complete.

CERTIFICATION CRITERIA & ASSESSMENT METHODS:

- Certified Yoga Teachers from the SYTT program must possess the skills and abilities necessary to safely and competently teach Yoga.
- We reserve the right to withhold certification from any student who fails to develop the skills necessary to competently and safely teach Yoga as outlined in the teaching program.
- Every attempt will be made to provide input throughout the program about teaching deficits that might impede certification. Evaluations will be made on an on-going basis. Our instructors will be available for you to share your questions and concerns about becoming a Yoga teacher.
- Individuals with mild disorders such as Dyslexia, Visual Processing Disorder, Dysgraphia, etc., will be offered individual testing methods of their preferred choice (oral, practical, etc.) in order to effectively assess their comprehension of course materials. We do not discriminate against any learning disabilities and do our best to accommodate individual needs. Your success is our priority.

1. Practice Teaching:

Full participation in all practice-teaching sessions is mandatory for certification. During these sessions you must demonstrate an ability to teach Yoga safely and competently, using the methodology presented in this training. Certification is contingent upon these criteria, as determined by the subjective evaluation of the Program Instructors.

2. Attendance:

We encourage 100% attendance at all sessions. If a session is to be missed the student should inform the instructors in advance, where possible. Reasons for missing must be reasonable and could include medical concerns, family emergencies, etc. The student teacher will be required to make up the time lost at another SYTT program at the student teacher's own expense.

3. Tests:

Throughout this course, students will occasionally be required to take practical or written tests or quizzes on the material. Students who receive less than 70% on any given test will be required to re-take the test at the discretion of the instructors. Assignments will be issued during each module, and will be expected to be on time. Each practice teaching session will be evaluated and is considered a part of our testing modality. See policy above for any learning disabilities and/or testing issues.

4. Professional Behavior and Ethical Conduct:

All students in the program are required to behave in an ethical manner to help create safety and respect while maintaining a professional atmosphere. This includes an appropriate, non-explicit wardrobe, and absolutely no use of explicit language within the program. **We have a zero tolerance policy for any gender/sexual/age/racial discrimination, and should any incidence arise, you may be removed from the SYTT program immediately.**

5. Continuing Education:

Being a Yoga teacher is a lifelong journey, and we recommend that you maintain at least 25 hours of continued Yoga study/training every two years in order to continue to expand your knowledge and skill as an instructor. This information is to be recorded and tracked by the individual Yoga teacher on the “honor system” and should be able to verify documentation at any time as proof of meeting this requirement. We also strongly suggest obtaining and maintaining valid CPR and First Aid training. Should you join an organization such as Yoga Alliance, you must adhere to their continuing education requirements.

6. REFUNDS:

A non-refundable deposit of **\$500.00** is required at the time you submit your application. Full payment is required prior to beginning program on the first day. Should you fail to provide full payment by first day, you will not be permitted to complete said program.. If you are accepted in to the program and are unable to participate, you will be refunded your full tuition, minus the deposit to reserve your space. Notice must be received no later than 30 days prior to the program beginning, as refunds will NOT be issued past one month notice.

7. AGREEMENT:

I have read and understand all the above criteria for certification through SYTT programs. I agree to meet all ethical and continuing education requirements outlined in this document. I agree to inform the instructors of SYTT should my health status change, and I take full responsibility for my own physical health during my time in the SYTT program and its practices.

NAME (please print):

Signature: _____

Date: _____