

## 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 Peak Performance Fitness Centre  
1710 King George Highway  
Miramichi, New Brunswick  
E1V 5L5

“SYTT Program Application”

I am applying for the SYTT 100 hour program beginning: \_\_\_\_\_

Please check: Yin Level 1: \_\_\_\_\_ Yin Level 2: \_\_\_\_\_ Ayurveda for Yoga: \_\_\_\_\_  
Restorative Yoga \_\_\_\_\_ Upper Body Yin: \_\_\_\_\_

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:

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**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's own expense. Alternatives may also be offered to do online study, video tutorials, and/or assigned additional course work to make up the remaining program hours. This material will be assessed by program facilitator and is at their discretion.

### **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. GRIEVANCE POLICY AND PROCEDURE:**

Any student is freely able to enter a grievance with Satori Yoga Teacher Training’s director of programming. Please submit a letter of grievance to [enlighten.satori@gmail.com](mailto:enlighten.satori@gmail.com), and if the matter is not dealt with to your satisfaction, you are able to submit a complain and review with Yoga Alliance directly at [www.yogaalliance.org](http://www.yogaalliance.org)

**8. 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: \_\_\_\_\_