



# TEACHER TRAINING COURSE

## Application Form 2021 Online Level 1

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation \_\_\_\_\_

Next of kin \_\_\_\_\_ Phone \_\_\_\_\_

### About your yoga experience

1. Please circle as appropriate:                      Beginner              2 – 3 years practice                      Experienced

Which yoga tradition? \_\_\_\_\_

2. Do you attend a regular Dru yoga class? \_\_\_\_\_ If **YES** who is your teacher \_\_\_\_\_

3. Are you a yoga teacher? \_\_\_\_\_ If **YES** how many weekly classes? \_\_\_\_\_

4. Are you a complementary therapist? If **YES** what do you practise and for how long? \_\_\_\_\_

5. Please outline any background you have in teaching or training, especially within the sphere of personal development, human resources or therapeutics. (eg Yoga, Tai Chi, any kinds of group work, therapies, etc) If you are teaching regularly, how many groups/people do you teach per week?

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

### General questions

Have you participated in any other Dru events, courses, conferences etc  
(Please specify title and year, do include courses you may be currently booked on)

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

## About your health

Please help us to tailor the course to meet your needs by answering the following questions.

1 Do any of the following apply to you? (please circle as appropriate):

High/low blood pressure	Epilepsy	Fatigue	Auto-immune condition
Back / neck problems	Asthma	Diabetes	Physical injury /disability
Eye-sight problems	Hearing difficulty	Cancer	Arthritis / joint problems
Neurological problems	Allergies	Pregnancy	Menstrual problems
Emotional health problems	Heart condition	Any other—please use this space to describe:	

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During the course, please inform us of health changes, (including pregnancy)

2 Are you currently taking medication? \_\_\_\_\_ If YES what are you taking and what is it for?

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3 Have you seen a counsellor, psychiatrist or other mental health worker in the last 5 years?  
If YES, please give details.

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## About myself

Please write about yourself on a separate sheet/s of paper and include the following:

- What led you to apply for the Dru Yoga Teacher Training course?
- Please tell us about any other interests and skills you have?
- What are your expectations of the course?
- What do you hope to achieve by the end of the course?
- How do you intend to use the course and qualification?
- Please include background information about yourself such as your educational and occupational history and your family, as well as what you enjoy doing.

## References

Please also include a reference from your yoga teacher, friend or colleague to support your application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that we will advise you of whether or not you have been accepted into the course once we have assessed your application. We reserve the right to alter the course costs without prior notice.

Please email your completed application and reference to **courses@dru.com.au** or send by post:

**Dru Yoga Teacher Training P.O. Box 448 Mawson ACT 2607**

If you have any questions please contact **Angela Baker 0408 609 509**  
or the Dru Australia office on 02 6161 1462.