



Questionnaire for introductory assessment:

Please answer questions as fully as possible – use separate sheets if needed and send back.

Name: _____ Date: _____

Address:

Mobile no:

Email address:

Date of Birth:

Education:

Qualifications Gained:

Occupation:

1) Date started:

- Practice of Yoga
- Practice of yoga from this centre
- Practice of yoga from any other centre
- Teacher Training from any other school
- Are you teaching yoga? Since when?:

2) Do you practise daily? For how long?

3) Name a few postures that you do like and practise:

4) Do you practise pranayama?(breathing) Yes / no If yes, how often? Which type?

5) If you are teaching, how many classes per week?

6) Please list any other teaching and or training qualification you have

7) Are you aware of any problems you have encountered while practising yoga or teaching yoga?

8) Your Medical History:

please list recent major illnesses, accidents, operations you have had. Give approximate dates and duration of illness.

If you have had a medical problem and yoga has helped, please give some details

If you have some disability, does this cause a problem with certain postures, and if so, which ones?





Are there any postures or other yoga practices which you have found deleterious to your health and if so, which ones?

Do you have any psychological problems for which you have been treated or are using medication? If yes then have you found that yoga has helped?

Please list the names of your yoga teachers and the periods that you have studied under them

Teacher's name	From	To	place

Your Background:

What are your interests and hobbies? (eg yoga, meditation, sports, music)

What has inspired you on to this yoga path? i.e. books, events, people?

Have your interests changed since starting yoga?

Explain WHY you would like to obtain YA200Hrs qualifications. Use space over this page, if you need.

Which particular aspects of yoga interest you?

Do you have your teacher's approval to apply for this assessment? Please ask your teacher to sign this form below:

Name of trainer	Date	signature

Please do NOT send any deposit. You will receive your offer along with an invoice, after your assessment and a brief face to face or telephone conversation meeting/discussion.

Please do sign the attached release form and return it with this form.

I guarantee that all information provided is strictly confidential. Paper copies will be on our file, electronic copies will be deleted – Sam Rao Yoga Ltd





Teacher Training Waiver Agreement

I, _____ (print name)

Understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from Sam Rao or any stand-in or visiting teacher.

Yoga is not recommended and is not safe under some medical conditions. I hereby affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Sam Rao Yoga Ltd.

signature / date

