**Yoga Teacher Training Pre-arrival Questionnaire**

Full Name:

Spiritual Name or name you prefer to be called:

Age at date of course:

Country of birth and languages spoken:

Phone number:

Yoga Experience [years of practice, style and regularity]:

Do you have teaching experience in any field?

Prior injuries or health conditions including learning difficulties and mental health issues:

Are you taking any medication?

Dietary issues [please note we cannot cater for nut allergies, refer to the document ‘Food at the Krishna Village’]:

Do you have any skills that would be valuable to the Krishna Village? [Eg. Computer skills, website design, marketing, construction, permaculture]

Are you a singer/ musician? Please provide any details.

Why are you undertaking teacher training at the Krishna Village? What interested you specifically to study with us? Where do you anticipate you will use this qualification?

*Thank you.*