

# PEACE TEACHER TRAINING

## Registration Form



Please answer as fully as possible, but if any question is too private or unknown please leave blank.

<b>1. Basic Details</b>			
Name		NRIC no	
Address			
Email address		Telephone 1	Telephone 2
Date of birth	Age	Gender	
Highest educational qualification		Nature of daily work / occupation	
Other physical activities currently pursued (type / frequency)			
<b>2. Yoga Experience</b>			
Please describe your yoga experience			
	Year started	Level now (Beginner, Intermediate, Advanced) (circle)	Active hours / week or month
Asanas (postures)		Beg Int Adv	
Pranayama (Breath / energy control)		Beg Int Adv	
Relaxation (Yoga Nidra)		Beg Int Adv	
Meditation (dhyana)		Beg Int Adv	
Mudras and Bandhas (locks)		Beg Int Adv	
Cleansing techniques		Beg Int Adv	
Current problems / issues with your yoga practise			
<b>3. Key Areas of Interest &amp; Goals</b>			
Please (tick) which branches of yoga interest you.			
Asanas (postures)? (tick)	Pranayama (breathe control)? (tick)	Relaxation (yoga nidra)? (tick)	Meditation (dhyana)? (tick)
Pratyahara (internalising the senses) ? (tick)	Dhara (concentration)? (tick)	Mudras / Omkar chanting? (tick)	Yoga history/background
Your Number 1 Goal			
Your Number 2 Goal			
Your Number 3 Goal			
Flexibility? (tick)	Stress relief? (tick)	Relaxation? (tick)	Weight loss? (tick)
Strength muscles? (tick)	Muscle toning? (tick)	Socialising? (tick)	Yogic Diet? (tick)
Pre-natal benefits? (tick)	Kids Yoga benefits? (tick)	Yoga knowledge? (tick)	Cardiovascular exercise? (tick)

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<b>4. Physical &amp; Mental Health</b>			
Weight Kg	Height cm	Body Mass Index	
Blood pressure mm/Hg	Pulse (resting) beats / minute	Respiration rate (resting) breaths / minute	
Previous surgeries (year / body location & type of surgery)			
Previous major conditions (year & type)			
Current Medication (type & reason)			
Current conditions (physical & mental)			
<b>5. Sleep</b>			
Considering the last month, please describe the type of sleep you have had			
<b>Time to sleep</b> How long does it take you to fall asleep?	minutes to fall asleep		
<b>Times awake</b> How many times do you wake up each nighttime?	times woke in the night		
<b>Dreams</b> How many dreams do you remember having each night?	dreams in the night		
<b>Early morning</b> How soon, after waking, do you get out of bed?	minutes after waking		
<b>6. Diet</b>			
Food and drink currently consumed			
Vegetarian? (tick)	Fish? times per week	Red meat? times per week	White meat times per week
Fruit / vegetables? Portions per day	Soft drinks consumed regularly? (tick)	Sweets eaten regularly? (tick)	Snacks between meals? (tick)
Breakfast eaten at o'clock	Midday meal eaten at o'clock	Evening meal eaten at o'clock	Other meal eaten? o'clock
Tobacco smoked? amount /day	Water drunk glasses/day	Alcohol drunk units / week?	Spicy food? times per week?
<b>7. Time to Attend Class</b>			
Hours available / week	Days for practising (circle) M T W T F S S	Date to start / 2007	Class length preferred (circle) ¾hr 1hr 1½hrs 2hrs
Morning times available To	Midday times to	Afternoon times to	Evening times to
<b>8. After Getting the Yoga Teacher Certificate, you would like to</b>			
Become a Full Time Teacher In Peace Group ( tick)	Become a Part Time Teacher In Peace Group ( tick)	Become a Full/Part Time Teacher in Other Company/Place ( tick)	Share your knowledge with others but not intend to become a teacher ( tick)
<b>9. I, _____ hereby agreed and understood all information and the terms stated in the "TTC info"</b>			
<p>_____</p> <p>Signature/ Date</p>			