

# YOGA SADHANA APPLICATION

Please fill out Application Form. Your data will be treated confidentially. This form is voluntary and is meant to help inform our sessions.

## **Personal Data**

Name:

Street:

City:

Phone:

Mobile:

Email:

Date of Birth:

Occupation:

What option are you planning to take: Full Program; Workshops; Drop-ins

## **General Information**

- Please indicate what calls you to deepen your practice and knowledge.
- What about the Advanced Yoga Sadhana Program interested you or touched you in a way that made you want to study it more in depth?
- Have you had a private with Jackie?

## **Your Personal History**

- Do you have a personal yoga and/or meditation practice? Tell us about it, please.
- Please describe one significant event or circumstance in your life that, upon reflection, was the source of a major life-challenge.
- Describe to what extent you have been able to turn the above circumstance into something life affirming and how you managed to do so. How much of it is behind you?
- Please describe your strengths and weaknesses. Where might you continue to grow and develop?
- Anything else that you'd like to share about yourself?

### **Your Yoga Experience**

- List any yoga trainings you have completed at the time of this application.
  
- List all other related workshop, classes and retreats you have attended.
  
- Which Yoga teachers/teachings have had the most influence on you?
  
- Are you currently teaching Yoga? If so, what kind to whom and how often?

### **Your Future...**

- Describe your long term goals (teaching and life)

**State of Health**

- Check any of the following symptoms, past or present:

➤ Back pains	➤ Neck pains	➤ Headaches
➤ Slipped discs	➤ Joint aches	➤ Arthritis
➤ Gout	➤ Arthritis	➤ Reduced mobility
➤ Scoliosis	➤ Bone fracture	➤ Lung condition
➤ High blood pressure	➤ Varicose veins	➤ Thrombosis
➤ Hemophilia	➤ Heart attack /pacemaker	➤ Angina pectoris
➤ Stroke	➤ Hormonal condition	➤ Diabetes Mellitus
➤ Rheumatic condition	➤ Abdominal condition	➤ Irritable bowel/ colitis
➤ Crohn's disease	➤ Uro-genital condition	➤ Skin condition
➤ Neurological condition	➤ Seizures or Epilepsy	➤ Mental illness
➤ Cancer	➤ HIV/ Aids	➤ Operations / Implants

- Any other physical, emotional, mental, or other health concerns to be aware of?
  
- Please list any hesitations about your commitment to this program? Also any strategies you may implement to fully commit to such a program?
  
- Any trips or outside obligations to be aware of that might prevent you from completing the full course (if you are applying for full course.)

**I understand that:**

- ▣ This program offers no replacement for competent medical care.
- ▣ that all physical activity entered into is on a voluntary basis only. In case of injury, I take full responsibility.

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