

School of Sankalpa Application Form

Name:

Email Address:

Date of Birth:

Course application start date:

Course Facilitator(s):

Have you attended a Yoga Teacher Training before? If so, when, how many hours and with which school(s)?

Do you have Postsecondary training, additional designations, diplomas or certifications? Please list all designations and education completed past High School (feel free to include entrepreneurial experience here as-well).

Do you have a regular Yoga Practice? If so, what does your practice entail?

What is Yoga Nidra?

Where do you practice Yoga Nidra and who are your primary teachers if any?

Was your experience of Yoga Nidra different than your expectations of the practice? If 'Yes', how so? If 'No', how so?

What was the most transformational experience of your life?

Right now, what is your purpose in life? How would a Yoga Nidra Training support your purpose?

Is there anything else you'd like us to know about you?

Why do you want to take this training?