



The School of Yoga and Healing

078 0085 0307

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schoolofyoga-healing.com/yoga-trainings/

YOGA TEACHER TRAINING ENROLMENT FORM

Thank you for your interest in the School of Yoga and Healing's 200-hour Yoga Teacher Training (YTT) course.

Please take care in completing the following form as accurately as possible. False statements or deliberate omissions may render your application invalid.

If you have any questions or need help filling out this enrolment form, please call Esme Lopez at 078 0085 0307 or e-mail ytt@yogawithesme.com.

PART 1: PERSONAL DETAILS

Forename (s):	
Surname:	
Date of Birth:	
Mobile Number:	
E-mail Address:	
Address:	

PART 2: YOGA EXPERIENCE

How long have you been practicing yoga?	
What styles of yoga have you practiced?	

Have you previously practiced yoga with Yoga with Esme or at the School of Yoga and Healing?	
Which other yoga studios/teachers have you practiced with?	

Why are you enrolling in YTT?

What do you expect from the YTT course?

What do you hope to gain from participating in the training?

Do you have any general teaching or training experience/qualifications?

If yes, please specify.

Do you have any specific yoga qualifications? If yes, please give details.

PLEASE NOTE: All applicants must have been participating in regular yoga practice for at least one year prior to the start of the course on **Friday 23rd January 2026.**

PART 3: MEDICAL QUESTIONNAIRE

No-one is precluded from doing the course on the grounds of disability.

The practice of yoga, however, often pushes boundaries and personal limitations that can affect individuals physically, emotionally and psychologically. While it is the practitioner's responsibility to stop participation if and when it becomes too much, all teachers need to know where boundaries may lie.

Do you have, or have you ever, suffered from any of the following?

Please mark all relevant answers with a X.

	Past	Present
High/Low Blood Pressure		
Heart Problems		
Hiatus Hernia		
Arthritis/Joint Problems		
Fibromyalgia		
Back Pain		
Epilepsy		
Migraine		
Multiple Sclerosis		
Diabetes		
Eye problems		
Hearing problems		
Respiratory Complaints		
Mental Health Problems		
ME/Chronic Fatigue		
Cancer		

If you answered yes to any of the above, please give a brief description of the condition.

Have you undergone any surgery in the last two years? If yes, please specify.

Are you currently on any medication? If yes, please specify.

Are you pregnant, or have you given birth in the past year?

Are there any other aspects of your health (including mental health) you believe need to be brought to your attention?

PLEASE NOTE: If you have answered YES to any of the questions in this section, you may be asked to seek clearance from your doctor to make sure you are physically fit to take the course and that participation will not be detrimental to your health.

PART 4: EMERGENCY CONTACT

In the case of an emergency, who would you like us to contact?

Contact 1

Name:	
Address:	
Mobile Number:	
E-mail Address:	
Relationship:	

Contact 2

Name:	
Address:	
Mobile Number:	
E-mail Address:	
Relationship:	

PART 5: DECLARATION

I confirm the information in this enrolment form is true and complete.

Signature:

Print Name:

Date:

Please e-mail your completed enrolment form to ytt@yogawithesme.com by
FRIDAY 23RD JANUARY 2026.

Your £500 deposit will need to be paid within five days of acceptance.