



## 200 Hour Teacher Training Course Application Form

Name:

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Address:

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Date of Birth:

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Phone:

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Email:

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Gender:

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Occupation:

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Please tell us about your yoga experience to date, including the teachers you have studied with, the style(s) of yoga you practise, the workshops you have attended, if any, and your own self-practice, if you have one: (attach a separate page if you need more space):

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Please tell us why you would like to attend the Greystones Yoga Studio Teacher Training course:

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Please tell us about your fitness level, and detail any injuries, physical conditions or disabilities:

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We are obliged to also ask you to complete the following Code of Conduct and GDPR forms:

**Greystones Yoga Teacher Trainee Code of Conduct & GDPR Consent**

If you are accepted onto our Teacher Training Programme, we ask that you agree to the following Code of Conduct, which is a declaration of acceptable, ethical and professional behavior on the part of yoga teachers. We are also legally required to ask you to sign the GDPR consent below.

- To continue with a regular, personal yoga practice both for my own wellbeing and that of my future students.
- To ensure that safe and effective teaching is available to the public
- To provide the public with access to safe and effective yoga teachers
- To acknowledge the limitations of my skills and scope of practice and where appropriate, refer students to seek alternative instruction, advice, treatment or direction.
- To provide Consent Cards (for optional adjustment) in any location where I teach.
- To follow the ethical guidelines for Yoga Teachers which will be covered during my Teacher Training Course with Greystones Yoga.

Please sign below to agree (please also note that failure to agree to follow the Code of Conduct will disqualify you from the course).

Student name & signature:

Date signed:

### **GDPR CONSENT**

If I am registered as a student of your Training Course, I consent to my contact details (name, email and phone number) being passed onto our partners, Yoga Alliance Professionals, so they can contact me directly and invite me to register as a Trainee and Teacher. I understand that I have the option of opting out of this registration process.

Student name & Signature:

Date signed:

When you have completed this form, please scan a copy by email to [info@greystonesyoga.ie](mailto:info@greystonesyoga.ie), or send by post to:

Ríonach O'Flynn,  
Training Director,  
Greystones Yoga,  
Watson & Johnson Centre,  
Church Road,  
Greystones,  
County Wicklow