

INSPIRE - EVOLVE - CONNECT

MENTOR PROGRAMME WITH JESS HORN YOGA ENROLLMENT FEBUARY 2019 – JULY 2019

APPLICATION FORM

NAME:

D.O.B:

**PLEASE LIST YOUR YOGA QUALIFICATIONS TO
DATE AND DATE OF GRADUATION?**

WHO IS YOUR PRIMARY TEACHER?

**IF YOU'RE TEACHING, WHERE DO YOU TEACH AND
WHAT STYLE?**

TELL ME WHY YOU TEACH YOGA?

WHAT DOES YOUR PERSONAL PRACTICE LOOK LIKE? HOW OFTEN? AND WHERE?

WHAT CHALLENGES YOU MOST ABOUT TEACHING?

WHAT CHANGES DO YOU DESIRE TO MANIFEST OVER THE COURSE OF OUR MENTORSHIP?

ANY THING ELSE YOU THINK I SHOULD KNOW