

Hari Om!  
Dear Yoga Teacher:

The Yoga for Healing Teacher Training will focus on adapting the basic Integral Hatha Yoga class to the needs of students with physical challenges or disabilities, the elderly, and people with injuries. We will also undertake a thorough study of yoga philosophy and explore how to create specialty Yoga classes for specific populations. This includes training in public speaking and how to lead workshops. In order to instruct students in how to use yoga for healing, yoga teachers need to have a thorough understanding of both the physical and subtle practices of yoga, and know how to make these practices available to all students.

Following the model of the Accessible Teacher Training, this advanced training will continue to offer extra support and individual help for teachers with disabilities so they can participate fully. We'll do our best to make the program accessible to everyone, but please contact me to discuss your individual needs.


This program is a collaboration with BORP (Bay Area Outreach and Recreation Program), and the training will take place at the BORP Fitness Studio at the Ed Roberts Campus at the corner of Adeline and Woolsey Streets in Berkeley, accessible from inside the Ashby BART station.

The training is open to all Yoga teachers who have completed a Yoga Alliance-registered basic 200-hour yoga teacher training. Graduates will receive 170 Yoga Alliance hours which can be used toward advanced yoga certification as an RYT500.

The training will begin on Tuesday, November 8, 2011, and end on Tuesday May 8, 2012. We will meet on Tuesdays and Fridays from 9:00am – 12:00pm. Each three-hour session will include a half-hour break. We will not have class on November 25, and December 23, 2011.

The tuition for the training is \$2400 on a sliding scale based on financial need. If you would like to apply for a reduced tuition please complete that part of the application form. An early bird rate of \$2200 is available if paid in full by October 10, 2011. A refundable deposit of \$100 is required along with the completed application. If necessary, the tuition can be paid over time without penalty. The application deadline is Monday, October 18, 2011.

Om Shanti,



Reverend Jivana Heyman, Director  
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(415) 821-1117 x302

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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_ Date of birth \_\_\_\_\_

Please list all Yoga Teacher Training you have completed, including dates:

\_\_\_\_\_

\_\_\_\_\_

What classes are you currently teaching, if any? \_\_\_\_\_

\_\_\_\_\_

Do you have a disability or physical condition that you would like us to be aware of?

\_\_\_\_\_

Do you have any psychological conditions that you'd like us to be away of?

\_\_\_\_\_

Are there accommodations that you would allow you to participate in this program?

\_\_\_\_\_

**In case of emergency, please notify:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Essay**

Please explain why you are interested in taking the Yoga for Healing Teacher Training, and how you intend to use the knowledge gained here. Include any other information that you think might be useful. *(Use back of page or another piece of paper).*

**Financial Aid**

*I would like to apply for financial aid.*

If you are applying for financial aid, on a separate sheet of paper describe your financial situation. Please include total monthly income and expenses.

**Photo Release**

I grant to the San Francisco Integral Yoga Institute and its representatives the right to take photographs/video/recordings of me and my property. I authorize the San Francisco Integral Yoga Institute, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

**Agreement**

I wish to apply as a Teacher Trainee and I agree to assume full responsibility for any injuries to me that may occur during the training. Any physical illnesses or ailments are clearly stated above. I understand that the tuition is non-refundable and I agree to pay the full tuition even if I decide to leave the course early.

**I agree to all of the above,**

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