

2017 APPLICATION
Urban Zen Integrative Therapy Training Program
Yogaworks Playa Vista

Email, mail to Life Energy Institute/ UZIT Program, 19600 Cave Way, Topanga, CA 90290, fax (310) 455-9832.

DEADLINE FOR APPLICATION SUBMISSION: DECEMBER 1, 2016
ACCEPTANCE NOTIFICATION: DECEMBER 19, 2016

Application Fee: \$35, one-time, non-refundable due upon submission of application (will be applied to your tuition if accepted to the program)

DATE

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PERSONAL/CONTACT INFORMATION:

NAME

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ADDRESS

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DAYTIME PHONE

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EVENING PHONE

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FAX

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EMAIL

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BEST TIME AND WAY TO REACH YOU?

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GENDER

|

AGE

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SINGLE/MARRIED.CHILDREN?

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EMERGENCY CONTACT INFORMATION

NAME

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RELATIONSHIP

||

PHONE

|

ALT. PHONE

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INTEREST IN & GOALS FOR THIS PROGRAM:

1. HOW DID YOU HEAR ABOUT THE URBAN ZEN INTEGRATIVE THERAPY TRAINING PROGRAM? WHAT ATTRACTED YOU TO THIS PARTICULAR PROGRAM?

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2. PLEASE DESCRIBE YOUR INTEREST IN BECOMING AN URBAN ZEN INTEGRATIVE THERAPIST.

3. WHAT IS YOUR LEVEL OF COMMITMENT TO THE MISSION OF THE URBAN ZEN FOUNDATION IN THE AREA OF WELL-NESS?

YOGA EXPERIENCE:

4. PLEASE PROVIDE A GENERAL OVERVIEW OF YOUR YOGA EXPERIENCE, IF ANY. HOW LONG HAVE YOU BEEN PRACTICING YOGA? WHAT STYLES HAVE YOU PRACTICED AND WHAT STYLE DO YOU CURRENTLY STUDY?

5. HAVE YOU COMPLETED A TEACHER TRAINING PROGRAM? ARE YOU A "REGISTERED YOGA TEACHER" WITH YOGA ALLIANCE?

6. DO YOU HAVE A DAILY ASANA, PRANAYAMA, MEDITATION PRACTICE? PLEASE PROVIDE DETAILS.

7. HOW IS YOUR YOGA PRACTICE ENABLING YOU TO SERVE?

8. DO YOU CURRENTLY TEACH YOGA? IF SO, FOR HOW LONG HAVE YOU BEEN TEACHING AND WHERE? DO YOU HAVE LIABILITY INSURANCE? IF YOU DO NOT CURRENTLY TEACH YOGA, DO YOU PLAN TO TEACH YOGA IN THE FUTURE?

OTHER (NON-YOGA) EXPERIENCE:

9. PLEASE DESCRIBE YOUR EDUCATIONAL BACKGROUND (DEGREES, INSTITUTIONS, LOCATIONS, AND DATES), FROM HIGH SCHOOL TO COLLEGE AND BEYOND.

10. DO YOU HAVE ANY CREDENTIALS IN THE ALLIED HEALTH FIELD (E.G., LMT, PT, RN, MSW, ETC.)? PLEASE PROVIDE DETAILS ON LICENSURE AND LIABILITY INSURANCE.

11. DO YOU HAVE FIRST AID/CPR CERTIFICATION?

12. WHAT OTHER RELATED DISCIPLINES DO YOU STUDY/PRACTICE? DO YOU HAVE EXPERIENCE WITH ANY OF THE OTHER "INTEGRATIVE THERAPIES," I.E., MASSAGE/HEALING TOUCH, AROMATHERAPY, OR NUTRITION?

13. DO YOU HAVE ANY VOLUNTEER OR COMMUNITY SERVICE EXPERIENCE THAT IS RELEVANT? PLEASE DESCRIBE.

EXPERIENCE WORKING WITH PATIENTS AND ILLNESS:

14. DO YOU HAVE EXPERIENCE WORKING IN THE HOSPITAL SETTING OR ALLIED HEALTH CARE SETTINGS? PLEASE PROVIDE SPECIFIC DETAILS.

15. DO YOU HAVE EXPERIENCE WORKING WITH SPECIFIC CONDITIONS, ILLNESSES, OR INJURIES? PLEASE DESCRIBE.

16. HAVE YOU HAD THE EXPERIENCE OF BEING A CARE PROVIDER FOR A FAMILY MEMBER OR A FRIEND? PLEASE DESCRIBE.

17. HAVE YOU HAD PERSONAL EXPERIENCE WITH AN ILLNESS OR AN INJURY? PLEASE DESCRIBE.

18. DO YOU HAVE ANY EXPERIENCE WITH DEATH AND DYING? GRIEF, LOSS, AND BEREAVEMENT?

19. TELL US HOW YOU FEEL ABOUT WORKING WITH, FOR EXAMPLE, MEDICAL AND SURGICAL ONCOLOGY PATIENTS. ARE YOU COMFORTABLE WORKING WITH PATIENTS WHO MIGHT BE PHYSICALLY DISFIGURED OR ARE ASSISTED BY BREATHING TUBES AND DRAINS?

20. WHAT ARE YOUR GOALS/EXPECTATIONS FOR WORKING WITH PATIENTS IN THE HOSPITAL SETTING?

GENERAL QUESTIONS:

21. DESCRIBE ANY LIMITATIONS OR CHALLENGES THAT YOU FACE, PHYSICAL OR OTHERWISE.

22. ARE YOU IN NEED OF FINANCIAL AID, WORK STUDY OPTIONS, OR SCHOLARSHIPS?

23. PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO SHARE.