 A picture containing black, darkness

Description automatically generated

Meditation Teacher Training Application

Date:

Name:

Email:

Phone:

Current Occupation:

|  |  |
| --- | --- |
| 1 | Please describe your current and past experience with meditation. How long have you been practicing? What style(s) of meditation do you practice? Who are your primary teachers? |
|  | - |
| 2 | Why do you practice meditation? How has it impacted your life? |
|  | - |
| 3 | What aspects of this practice are you most interested in? |
|  | - |
| 4 | What are your intentions and expectations for taking this particular Teacher Training program? |
|  | - |
| 5 | Do you teach meditation currently? If so, why do you teach? If not, why do you want to become a meditation teacher? |
|  | - |
| 6 | What do you think your biggest obstacle will be to overcome during this training? |
|  | - |
| 7 | What are your other interests and hobbies?  - |
| 8 | Please add any other information that you would like to share, or you feel that we should know about you.  - |