



**Application for TCTSY Certification Program (300-Hour)**

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

Gender (optional): Male \_\_\_ Female \_\_\_ Non-Binary \_\_\_ Other \_\_\_

Preferred Pronoun (optional – please answer if it’s useful to you):

\_\_\_\_\_

Address (City, State, Country): \_\_\_\_\_

\_\_\_\_\_

Best Email: \_\_\_\_\_

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

**Please indicate prior TCTSY training (please note that some prior training is *required*):**

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**What is your preferred location for attending Opening Weekend, September 7 & 8, 2019 (please circle one):**

Berlin, Germany

Boston, USA

Melbourne, Australia

**What is your preferred language (please circle one):**

Danish

Dutch

English

German

Spanish

**I am applying to the TCTSY Certification Program as (please circle one):**

a yoga teacher

a mental health care professional\*

both

\*if a mental health care professional please indicate type (i.e. LMHC, LCSW, PhD, OT, RN, etc):

\_\_\_\_\_

--If a mental health care professional please skip to Question #5--

\_\_\_\_\_



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1. IF A YOGA TEACHER, briefly describe your yoga teacher training (include style, number of hours, what you found helpful from your training, what you found problematic):

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2. IF A YOGA TEACHER, briefly describe any additional training you have had related to yoga and/or trauma:

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3. IF A YOGA TEACHER, briefly describe your yoga teaching experience (include are you currently teaching, number of hours you have taught, setting, styles, groups or individuals):

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4. IF A YOGA TEACHER, briefly describe your personal yoga practice:

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5. IF YOU ARE A MENTAL HEALTH CARE PROFESSIONAL, briefly describe your training, including any trauma-specific components:

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6. FOR ALL APPLICANTS, Please let us know why you would like to be a certified TCTSY-Facilitator (TCTSY-F):

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7. OPTIONAL, is there anything else that you would like us to know about you?

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DISCLAIMER: I understand that upon successful completion of the TCTSY certification program I will be empowered to facilitate TCTSY within my scope of practice as a yoga teacher or mental health care professional and that I am NOT becoming a trainer in the model (check one):

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*Please include a copy of your CV/Resume with your completed application and email to: [dwardsworth@jri.org](mailto:dwardsworth@jri.org)**

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Are you applying for the DEI scholarship?

YES\* \_\_\_\_\_ NO \_\_\_\_\_

**\*IF YES, please also include application addendum, and two letters of recommendation. Please note that scholarship application materials must be received by **February 28, 2019****

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