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| Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MBP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***DHARMAWAY YOGA CENTAR &******Yoga Akademija Zagreb******UČILIŠTE SENSA - ustanova za obrazovanje odraslih***Ulica Grada Mainza 24,10000 Zagreb, CROATIA | Fotografija polaznika: |

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| **UPISNICA I DOSJE POLAZNIKA** |

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| Osposobljavanje za: | Školska godina: |

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| --- | --- | --- |
| Prezime: | Ime: | OIB: |

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| --- | --- | --- | --- |
| Datum i godina rođenja: | Mjesto i država rođenja: | Državljanstvo: | Adresa i mjesto stanovanja: |

|  |  |  |
| --- | --- | --- |
| Ime i prezime roditelja: | Zaposlenja (ako da, gdje): | Završena škola/fakultet: |

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| Broj telefona/mobitela: | E mail: |

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| Polaznik je za program saznao putem:a) atma.hr b) instagram c) facebook d) letak, plakat e) usmene predaje | Odabrani program ću uplatiti:a) uplata u cijelosti b) stipendijac) plaćanje u 3 mjesečna obroka svakog prvog u mjesecu (studeni, veljača, lipanj).d) plaćanje u 8 mjesečnih obroka, svakog prvog u mjesecu (studeni, prosinac, siječanj, veljača, ožujak, travanj, svibanj, lipanj) |

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| NAPOMENAPolaznik se obvezuje da će školarinu za upisani program osposobljavanja u cijelosti podmiriti. | IZJAVA Dobrovoljno pristajem i dajem suglasnost da Učilište Sensa, prikuplja sljedeće osobne podatke koji se tiču mene/Polaznika: ime i prezime, adresu, OIB, godinu rođenja, podatke o školovanju i kontakt podatke isključivo radi ispunjavanja ugovornih obveza i naplate školarine, vođenja evidencija i poslovnih knjiga Učilišta Sensa. Dobrovoljno pristajem i dajem suglasnost da me Učilište Sensa smije fotografirati i snimati u svrhu promoviranja i reklamiranja te objavljivati materijal na internetskim stranicama i društvenim mrežama DharmWay yoga centra i Učilišta Sensa. |

U Zagrebu, dana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potpis polaznika:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**YOGA AKADEMIJA ZAGREB**

Tel: 099 2188 014, 091 9191 989 E-mail: info@dharmawayyoga.com [www.dharmawayyoga.com](http://www.dharmawayyoga.com)

**PRIJAVNICA**

**200 sati osnovna obuka za učitelja yoge**

*Molimo da čitko ispunite*

IME I PREZIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ADRESA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEFON, MOBITEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telefon za hitni slučaj: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UPITNIK**

**1. Kada ste se prvi put sreli s yogom?**

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**2. Koliko dugo prakticirate yogu, koje škole ili stilove yoge?**

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**3. Gdje trenutno vježbate yogu, koliko često?**

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**4. Da li prakticirate svoju osobnu yoga praksu i koliko često? Opišite kako izgleda.**

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**5. Zašto ste se odlučili postati yoga učitelj?**

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**6. Da li ste već prošli neke obuke za yoga učitelje, radionice ili tečajeve? Navedite koje i kada.**

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**7. Koja je po vašem mišljenju uloga yoga učitelja?**

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**8. Da li vas posebno zanima neki određeni stil ili škola yoge i koji?**

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**9. Da li ste imali/imate kroničnih fizičkih ili psihičkih problema, ozljeda? Navedite koje i kada?**

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**10. Da li uzimate terapiju lijekovima? Navedite koju**?

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**11. Koja su vaša očekivanja od yoga akademije**