



Yoga Scotland

(Incorporating the Scottish Yoga Teachers' Association)

www.yogascotland.org.uk
Scottish Charity Number SCO20590

2012-2013 Foundation Course Application Form

Notes for Applicant:

1. Please complete this form accurately and in full as it forms the initial stage of the selection procedure.
2. Entry to the course is subject to satisfactory references and medical clearance where required.
3. The making of false or inaccurate statements on this form, or deliberate omissions will render your application invalid.

Part 1 Personal Details

SURNAME: _____ FORENAME (S) _____

ADDRESS: _____

_____ POSTCODE: _____

DATE OF BIRTH: _____

TEL NO (DAY): _____ (EVE): _____

E-MAIL: _____

PRESENT OCCUPATION: _____

Emergency Contact:

NAME: _____ RELATIONSHIP TO APPLICANT: _____

TEL NUMBER _____ MOBILE (if applicable): _____

(WEEKENDS): _____

Part 2: Medical Questionnaire

No-one is precluded from doing the course on the grounds of disability. In order to give your application fair consideration and to ensure appropriate facilities are available at the course venue please answer the following questions. These will help us ascertain whether you suffer from any disability or health problem which might affect your ability to complete the course. It will also help the tutors to devise suitable modifications to the practices, if required.

Do you have, or have you ever, suffered from any of the following? Please tick.

	PAST	PRESENT
High/ low blood pressure		
Heart problems		
Hiatus hernia		
Arthritis/ joint problems		
Fibromyalgia		
Back pain		
Epilepsy		
Migraine		
Multiple Sclerosis		
Diabetes		
Eye problems		
Hearing problems		
Respiratory complaints		
Mental health problems		
ME/ chronic fatigue		
Cancer		

Please give brief description if you have ticked any of the above:

Have you undergone any surgery in the last two years? YES/NO
If yes, please specify:

Are you presently taking any medication? YES/NO
If yes, please specify:

Are you pregnant, or have you given birth in the last year? YES/NO
Any other relevant aspects of your health which you wish to bring to our attention YES/NO
If yes, please specify:

N.B. If you have answered **YES** to any of the questions in this section please enclose **clearance from your doctor** that you are physically fit to take the course and that taking this course will not be detrimental to your health.

Part 3: Yoga Experience

How long have you been practising yoga? _____

How often do you attend a class? _____

Do you do any practice at home? _____

Please state the name of your current Yoga Teacher(s) _____

The name(s) of any previous yoga teacher(s)

_____ Yoga Scotland (REG) YES/NO

_____ Yoga Scotland (REG) YES/NO

_____ Yoga Scotland (REG) YES/NO

Did your present yoga teacher suggest you apply for this course? Yes/ No

A reference is required from your current yoga teacher. Please ask him/ her to complete the Teacher Reference Form and request that they send directly to the Foundation Course Administrator before the closing date.

Please explain briefly why you want to do the Foundation Course.

List all yoga seminars that you have attended in the last two years. Please give the date, venue, speaker and subject.

(Continue on a separate sheet if necessary)

Part 4: Yoga Scotland Membership

Yoga Scotland Ordinary Membership No: _____

It is an entry requirement that applicants should be Ordinary Members of Yoga Scotland. Ordinary Membership ensures that you receive all relevant information regarding Yoga Scotland and its events. Membership of your local yoga association is not sufficient.

If you are not already a member please complete a Membership Application Form. This can be found on the website: www.yogascotland.org.uk or contact the Membership Secretary: Kirsty Davidson, 52 Edderton Road, Peebles, EH45 9DT Email: membership@yogascotland.org.uk

Declaration:

I have read and understood the 'Notes for Applicant' on Page 1 and the terms and conditions covered in the Course Prospectus. I declare the facts set forth in this application form are, to the best of my knowledge, true and complete.

Signed _____ Date: _____

Please return this form directly to the Student Training Course Co-ordinator by **Friday 1st June 2012**.

Sara Matchett
Monreith Home Farm Cottage
Monreith Estate
Port William
Newton Stewart
DG8 9LB

Or by e-mail to saram@talktalk.net

Please ensure that references from your teacher are sent directly to the Student Training Course Administrator by the due date.