



# Yoga Scotland

*(Incorporating the Scottish Yoga Teachers' Association)*

## 2012-2013 Foundation Course

### Teacher's Reference Form

Teacher's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please state your yoga teacher qualifying/ registering body.

Date of qualification:

Do you have any interaction with Yoga Scotland? Yes/No

If yes, are you currently Yoga Scotland? Yes /No

Registration no:

If you are a registered teacher with another body (e.g. BWY, Inner Yoga Trust, Iyengar Yoga Association, etc.) please state current registration number.

[www.yogascotland.org.uk](http://www.yogascotland.org.uk)

Scottish Charity Number SCO20590

**sport**scotland

**Applicant's Name:** \_\_\_\_\_

How do you consider his/ her asana practice: (please circle the one you think best describes the applicant's ability)

Poor/Fair/Good/ Excellent

Please give us your observations about this student (please continue on a separate sheet if necessary):

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Does s/he attend your classes on a regular basis? Yes/No

How long has s/he been attending your class? \_\_\_\_\_

I declare the facts set forth in this form are, to the best of my knowledge, true and complete.

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your time completing this form. We appreciate your honest and helpful answers - Yoga Scotland Executive Committee

Please return this form directly to the Student Training Course Administrator by **Friday 1<sup>st</sup> June 2012.**

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