



## **2010-2011 FOUNDATION COURSE**

### **APPLICATION FORM**

**Notes for Applicant:**

1. Please complete this form accurately and in full.
2. Entry to the course is subject to a satisfactory reference and medical clearance where required.
3. The making of false or inaccurate statements on this form, or deliberate omissions will render your application invalid.

*(Block letters and black ink please)*

**Part 1: Personal Details**

SURNAME: \_\_\_\_\_

FORENAME(S) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POST CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

TEL NO (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_

EMAIL \_\_\_\_\_  
(PLEASE WRITE CLEARLY)

OCCUPATION \_\_\_\_\_

**NEXT OF KIN** or other person to contact on your behalf in an emergency:

NAME: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
(WEEKENDS)

MOBILE (if applicable) \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

## **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 or if participating in particular parts of the course is likely to be detrimental to your health. It will also help the tutors to devise suitable modifications to the practices.

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

	<b>PAST</b>	<b>PRESENT</b>
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:

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 home practice? YES/NO

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 have him/her complete the Teacher Reference Form and request that they send it directly to the Foundation Course Administrator before the closing date.

Please say briefly why you want to do the Foundation Course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all yoga seminars that you have attended in the last two years: give Date, Venue, Speaker, Subject (Continue on a separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Part 4: Yoga Scotland Membership**

Yoga Scotland Membership No: \_\_\_\_\_

As stated in the Course Prospectus, it is an entry requirement that candidates should be Members of Yoga Scotland. Membership ensures that you receive all relevant information regarding Yoga Scotland and its events. If you are not already a member, please complete the Membership Application Form included in the Course Information Pack and send it with the subscription to Yoga Scotland Membership Co-ordinator. Please note Membership of your local branch is not sufficient)

### **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: \_\_\_\_\_

**N.B.** The completed **Application Form** together with **Clearance** from your Doctor (if applicable) should be sent to the Foundation Course Administrator: -

Lorna Meston  
26 Elizabeth Ave,  
Milton of Campsie,  
Glasgow G66 8HT

Email: [fcco-ordinator@yogascotland.org.uk](mailto:fcco-ordinator@yogascotland.org.uk)

**It is important to ensure your Teacher is aware that their reference must reach the Foundation Course Administrator by the closing date.**

**APPLICATIONS TO ARRIVE NO LATER THAN Monday 21<sup>st</sup> June 2010**