



Yoga Scotland

(incorporating the Scottish Yoga Teachers' Association)

2010-2011 FOUNDATION COURSE

TEACHER'S REFERENCE FORM

(Block letters and black ink please)

Teacher's Name: _____

Address: _____

Telephone Number: _____

Please state your yoga teacher qualifying/registering body

Date of qualification

Are you currently Yoga Scotland registered? Yes /No

Registration Number

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

Applicant's Name: _____

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

Poor/Fair/Good/ Excellent

Your observations:

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

How long has she/he been attending your class? _____

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

Teachers Signature _____ Date _____

The Executive Committee thanks you for your time completing this form. We appreciate your honest and helpful answers.

Please send directly to Yoga Scotland Foundation Course Administrator:

Lorna Meston
26 Larch Grove
Milton of Campsie
Glasgow
G66 8HG

Email: lorna@lorijay.freeserve.co.uk

REFERENCE TO ARRIVE NO LATER THAN MONDAY 21st JUNE 2010.