



Yoga Scotland

(incorporating the Scottish Yoga Teachers' Association)

2010-2011 Living Yoga Study Group

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: _____

Postcode _____

Date of Birth _____

Tel No (day) _____ (eve) _____

Occupation _____ Email _____

Next of Kin or other person to contact on your behalf in an emergency:

Name: _____

Tel No _____ Mobile (if applicable) _____
(weekends)

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.

	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 of how your condition affects your yoga practice:

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

Applicants should have completed an approved (SYTA/YS/BWY) one-year Foundation Course.

For BWY or BWY Accredited Group course please provide a copy of your certificate.

Please give details of the Foundation Course attended, course tutors, venue and dates:

How long have you been practising yoga? _____

How often do you attend a class? _____

How regular is your home practice and how long do you spend per day?

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

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

Please describe any yoga activities you have attended since completing the Foundation Course, giving dates, tutor, venue and subject. (Continue on a separate sheet if necessary)

Please say briefly why to study on this course and at this time:

What are you hoping to gain from this course?

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 -

Kath McDonald,
14 Gorse Lane,
Galashiels,
TD1 2LY
or email ogt@yogascotland.org.uk

It is important to ensure your Teacher is aware that their reference must reach the Course Co-ordinator by the closing date.

Applications to arrive no later than Monday 7th June 2010