



**Yoga Scotland**  
*(incorporating the Scottish Yoga Teachers' Association)*

## **Living Yoga Study Group**

### **Foundation Tutor's Reference Form**

*(Block letters and black ink please)*

Tutor's Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

What yoga background do you have:

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

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

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

Foundation course attended \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

The LYSG is for students who have completed a Foundation Course and wish to continue to develop and deepen their study of yoga in a more integrated way.

How did this student's practice and interest in yoga develop during the Foundation Course?

Do you think this student might benefit from this course at this point in time?

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

Tutor's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Kath McDonald,  
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Galashiels,  
TD1 2LY  
or email [ogt@yogascotland.org.uk](mailto:ogt@yogascotland.org.uk)

**To arrive no later than Monday 7<sup>th</sup> June 2010.**