



Yoga Scotland

(incorporating the Scottish Yoga Teachers' Association)

Living Yoga Study Group

Teacher's Reference Form

(Block letters and black ink please)

Teacher'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: _____

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

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

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

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

Please give brief details of how you see this student approach his/her yoga practice in 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 _____

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

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

to arrive no later than Monday 7th June 2010