



# 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](mailto:ogt@yogascotland.org.uk)

**to arrive no later than Monday 21<sup>st</sup> June 2010**