



Yoga Scotland

(incorporating the Scottish Yoga Teachers' Association)

2010-2012 Teacher Training Course

Application Form

Notes for Applicant:

1. Please complete this form accurately and in full as it forms the initial stage of the selection procedure.
2. Entry to the course is subject to satisfactory references 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): _____

E-MAIL: _____

PRESENT OCCUPATION: _____

Emergency Contact:

NAME: _____ RELATIONSHIP TO APPLICANT: _____

TEL NUMBER _____ MOBILE (if applicable): _____
(WEEKENDS): _____

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.

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:

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 been practising yoga for a minimum of 2 years, plus completing an approved (Yoga Scotland/BWY) one-year Foundation Course. Applicants who have not completed an approved Foundation Course should have a minimum of 3 years continuous practice of yoga.

If you have completed an approved Foundation Course give details of course tutors and dates:

How long have you been practising yoga? _____

How often do you attend a class? _____

How often do you practice at home? _____

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

_____ Yoga Scotland (REG) YES/NO

List all yoga seminars that you have attended in the last two years: give Date, Venue, Speaker, Subject (Continue on a separate sheet if necessary).

List Titles and Authors of Hatha Yoga and Yoga Philosophy Books you have read.

(Continue on a separate sheet if necessary)

Have you any Teaching or Training Experience/Qualifications?

Yoga: Yes/No

If yes please give details:

Other Yes /No

If Yes: Please specify _____

Did your present Yoga Teacher suggest you apply for this course? YES/NO

N.B. A reference is required from your current Yoga Teacher. Please have him/her complete the attached form and return it directly to the Teacher Training Course Administrator.

What other interests/hobbies do you have?

What were your reasons for taking up yoga and what approach(es) have you been taught?

What particular qualities (from your occupation or general life experience) do you think you would bring to the course?

Why do you wish to do this particular course? What do you hope to gain from it?

Part 4: Yoga Scotland Membership

Yoga Scotland Ordinary Membership No: _____

It is an entry requirement that applicants should be Ordinary Members of Yoga Scotland. Ordinary Membership ensures that you receive all relevant information regarding the Yoga Scotland and its events. Membership of your local yoga association is not sufficient.

If you are not already a member please complete a Membership Application Form. This can be found on the website: www.yogascotland.org.uk or contact the Membership Secretary: Lyn Scott, 116 Paisley Road West, Glasgow G51 1JT Tel: 0141 427 1674 Email: lynjscott@hotmail.com

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: _____

Please return this form directly to the Teacher Training Course Co-ordinator by **Friday 14th May 2010**.

Yvonne Campkin,
25 William Street,
Dunoon,
Argyll, PA23 7JH

Please ensure that references from your teacher and Foundation Course Tutor (if applicable) are sent directly to the Teacher Training Course Administrator by the due date.