



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

## **2010-2012 Teacher Training Course Edinburgh**

### **Teacher's Reference Form**

*(Block letters and black ink please)*

Teacher's Name: \_\_\_\_\_

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

Tel. 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/BWY registered? Yes /No

Registration no:

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

How do you consider their asana practice: (please circle the one you think best describes the applicant's ability)

Poor/Fair/Good/ Excellent

Your observations (please continue on a separate sheet if necessary):

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

How long has she/he been attending 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: \_\_\_\_\_

**Thank you for your time completing this form. We appreciate your honest and helpful answers - Yoga Scotland Executive Committee**

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

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