



Yoga Scotland
(incorporating the Scottish Yoga Teachers' Association)

2010 -2012 Teacher Training Course Edinburgh

Foundation Course Tutor's Reference Form

(Block letters and black ink please)

Tutor's Name: _____

Address: _____

Telephone Number: _____

What yoga background do you have?

Do you have any interaction with the 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: including diary keeping of personal practice (please continue on a separate sheet if necessary):

Give dates and venue of the Foundation Course attended by the applicant:

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

Foundation Course Tutor'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 14th May 2010.**

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