Address: ............................................................................…………………………….............

…………………………………………………………………… Post Code: ……………….........

Telephone Numbers: .................................................... E- Mail address: .............................

FILL IN THE BOXES BELOW AS FULLY AS YOU CAN WITHIN THE SPACE ALLOWED

|  |  |  |
| --- | --- | --- |
| Are you a member of The British Wheel of Yoga? If yes, please give your membership number |  | |
| How long have you been practising Yoga? |  | |
| Do you **currently** attend regular classes? If yes:-    Name and qualification of teacher  Venue  Frequency of classes  Length of time attending |  | |
| If not covered by above, please give the same details of your **most recent two years** of class attendance. |  | |
| Do you hold the British Wheel of Yoga Foundation Course qualification or other qualification from another organisation. Have you ever embarked upon one and failed to complete it? | If yes to either, please provide a copy of the certificate, (not the original) or name of tutor, date of leaving foundation or other course, and reason for non completion | |
| State briefly why you are interested in joining this course. |  |
| Please describe the qualities you will bring to the course/group |  |
| What difficulties do you  envisage and how might you deal with them? |  |
| What sort of assistance might you need with aspects of the course, especially in terms of assignment writing/academic aspects |  |
| Have you ever been refused entry to, or previously embarked upon a British Wheel of Yoga teaching diploma course? | If so, please give dates, name of tutor and reasons for non completion/ non acceptance, if known. |
| Please indicate the highest level of academic qualification held by you. |  |
| Include any other information which you feel is relevant to your application, especially details of relevant qualifications awarded by other Yoga organisations. |  |

In the boxes below please provide the names and e mail addresses of two referees, at least one of whom must be a yoga teacher, who would both be able to comment upon your suitability for this course and your potential as a yoga teacher. Please seek their permission to act as such and ensure that they frequently access e mail.

Sign below to confirm that all the necessary information has been included and that you acknowledge that the £60.00 for the two compulsory induction days is non refundable should you subsequently decide not to attend.

Signed ......................................................... Date: .......................................

Please print out and post this completed form**, together with your Induction fee of**

**£60.00 for the Induction days**, to Sarah Beck, course tutor, address as below.

Cheques made payable to: S E Beck

Address: Yr Ogof, Mynydd Mechell, Isle of Anglesey LL68 0TE

E mail: sarah.deva@yahoo.co.uk

Or alternatively send the payment electronically to:

S.Beck at Co-operative Bank

Sort code: 08-92-80

Account Number: 03419779

Please ensure you give your name as the reference for the transaction – thanks.

|  |  |
| --- | --- |
| Yoga Teacher reference: | Other Reference |
| Name:  Address (including post code):  Telephone number:  Email address: | Name:  Address (including post code):  Telephone number:  Email address: |