

APPLICATION FORM for Yoga Therapy Post Graduate Diploma Course

Name
Address

Telephone
Email

postcode
mobile

Please detail your Yoga Training qualification and date qualified

Please summarise the syllabus followed or attach a separate sheet
Include course hours and timescale (ie 200 hours over 2 years)

Tell us about your teaching experience.
How many years have you been teaching?
How many classes do you teach?

Please give details of your experience of yoga classes you have attended /seminars attended, or if home practice, please give details of the programme you follow, books used etc. please use the reverse side if you need more space.

Do you have any other relevant training /qualifications, if so give details. For example a complementary therapy training or medical experience.

Do you have any Anatomy and Physiology/Pathology qualification or experience and if so to what level?

Say why you wish to join the course.

About your health and needs: If you have any specific needs whilst training please give details.
Ex. Dyslexia,

Please send the completed form to Jean Danford
Croft House, Fromes Hill, Ledbury, Herefordshire, HR8 1HP
Or by email to j.danford741@btinternet.com

Once your application has been accepted we will contact you to confirm your place and ask for a deposit of £100, this will be credited to your last weekend and is non refundable if you leave the course for any reason.