

YOGA  YOGA



Name:

Address:

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Telephone:

.....

Please outline your Yoga background:

Applicant's Details:

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Does the applicant attend your classes on a regular basis? Yes/No

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How long has she/he been attending your class?

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How would you rate his/her Yoga practice?

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Has the applicant attended any workshops/retreats with you? If yes please indicate what. If no, do you know of any other Yoga events they have attended?

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Our TTC exceeds all minimum standards set by Yoga Alliance UK in each category and the teaching is rigorous and intense over approx. 18 months; do you think the applicant is ready to undertake Yoga Teacher Training? If you have any reservations or suggestions or recommendations please say so- what you say is confidential and extremely valuable:

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Any other observations:

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To the best of my knowledge, the information on this form is true and complete.

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Teacher's Signature

Date

Thank you for your time completing this form. I appreciate your honest and helpful answers

Please send directly to: Louise Cashin 9 Marston Road, TEDDINGTON TW11 9JU To arrive no later than September 1st please