



Yoga Nidra training course



Application Form

Name.....

Address.....

.....

.....Postcode.....

Telephone No. Day.....Evening.....

Mobile phone if used

Email

Date of birth

Which school(s) of yoga did you do your Teacher Training Course(s) with?

Date of Qualification(s)

How many weekly yoga classes do you currently teach?

Do you teach any specialist or Special Needs yoga classes? (Please state)

Do you teach any other Yoga Courses? (e.g. Foundation course, TTC etc)

Do you work professionally in any other areas where you might deliver Yoga Nidra? (Please state)

During the period October 2012 – April 2013, will you be undertaking any other training course(s), either in Yoga or another professional field? (Please state)

Please explain why you wish to undertake this Short Training Course in Yoga Nidra – Include this on a separate sheet. This is what will decide if this is the course for you!

Referee(s): *Please provide contact details for one or two persons (your yoga teachers / mentors) who are willing to provide a reference regarding your suitability for this course.*

NamePosition

Address

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Postcode

Email address

Tel no: (land line preferred)

NamePosition

Address

.....

Postcode

Email address

Tel no: (land line preferred)

Applicant's Signature Date.....

You will be contacted by the Course Director to arrange an interview which may be personal or by phone