



**Yoga  
biomedical  
trust**



**APPLICATION FORM  
FOUNDATION COURSE IN YOGA THERAPY**

**Venue: The Yoga Therapy Centre,  
90-92 Pentonville Road, London N1 9HS**

**4 weekends:  
9.30am-5.30pm each day.**

Sat/Sun 20/21 September 2008  
Sat/Sun 11/12 October 2008  
Sat/Sun 8/9 November 2008  
Sat/Sun 29/30 November 2008

**NAME**.....

**ADDRESS**.....

.....

**EMAIL**.....

**CONTACT TEL NUMBERS** .....

**The course is designed for existing yoga teachers with an acceptable yoga teaching qualification, who have been teaching regularly for minimum of two years .**

**A) About you**

1. What yoga teaching qualification do you have, and when did you gain this qualification?
  
  
  
  
  
  
  
  
  
  
2. How long have you been teaching yoga and how many classes a week do you teach?
  
  
  
  
  
  
  
  
  
  
3. Where do you regularly teach (e.g. health & fitness centre, community centre, yoga centre, at home)? Do you specialize in teaching for particular students, or teach a specific form of yoga?
  
  
  
  
  
  
  
  
  
  
4. Please list any relevant training/workshops/In Service Training days you have attended in the last two years, including the tutor's name and number of training hours.

