



APPLICATION FORM

YOGA COURSES

MY APPLICATION IS FOR... (please tick)

- Dru Yoga Foundation Course
- Dru Yoga Teacher Training Course

WHEN & WHERE I'D LIKE TO TRAIN...

Date of course

Location

YOUR DETAILS

Name

Address

.....

..... Post code

Email

Date of birth Tel (home)

Occupation Mobile

Tel (work) Next of kin

ABOUT YOUR YOGA EXPERIENCETick as appropriate: beginner 2-3 years practice experienced

Do you attend a regular yoga class? If yes who is your yoga teacher?

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Are you a yoga teacher? If yes, how many yoga classes?

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Are you a complementary therapist? If yes, how many yoga classes?

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Please outline any background you have in teaching or training, especially within the sphere of personal development, human resources or therapeutics. (eg, Yoga, Tai Chi, any kinds of group work, therapies, etc.) If you are teaching regularly, how many groups/people do you teach per week?

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ABOUT YOUR HEALTH

Do you suffer from any of the following (tick as appropriate):

 High/low blood pressure Epilepsy Fatigue Injury Back /neck problems Asthma Diabetes Cancer Eye-sight problems Hearing difficulty Physical disability Arthritis/joint problems Emotional health problems

Any other—please space below:

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(During the course, please inform us of health changes (including pregnancy))

If you are you currently taking medication, what are you taking and what is for?

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Have you seen a counsellor, psychiatrist or other mental health worker in the last 5 years? If YES, please give details

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GENERAL QUESTIONS

Have you participated in any other Dru events, courses, conferences?

(Please specify title and year, do include courses you may be currently booked on)

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