

Application Form – Yoga for Kids

COURSE YOU WISH TO ATTEND (state location)_____

Name: _____

Date of Birth: _____ Sex: M / F _____

Address: _____

Telephone: Home _____ Mobile _____

Email: _____

Occupation: _____

Qualifications: _____

Please indicate below, if you suffer from any medical condition:

Detail your experience living, teaching or working with children:

Outline your yoga experience to date including courses/qualifications:

What are your reasons for undertaking the Yoga for Kids training?

Outline your aims and objectives in doing the course?

Do you hold a valid Yoga Teaching insurance policy including Public Liability Insurance Y/N

Do you have a valid First Aid Certificate Y/N

Do you have any criminal conviction(s) or had any complaint made against you while working with children?

Santosha Yoga reserves the right to withhold certification if the course has not been fully completed or if a proficient level has not been achieved during the course.

Please sign to confirm that the information provided by you is true and correct:

Your Name (PRINT): _____

Signature: _____

To reserve your place on this course, please complete this application form and return it with a **non – refundable deposit of £195** - cheques made payable to ` **Santosha Yoga Training** ` to:

**Santosha Yoga Studio
(Yoga for Kids)
39b Market Square,
Lisburn Co. Antrim BT28 1AG**

Please contact Paddy on **028 92 63 44 64 / 078 35 11 32 86** if you require any help or assistance or e mail:

training@santoshayogastudio.co.uk

All information provided on this form is treated as confidential. We reserve the right to re-schedule this course in the event of unforeseen circumstances.