



Yoga Therapy Application Form

I have (please tick)

- Yoga teacher training qualification**
- 120 hours yoga teaching experience**
- Current first aid certificate**

Name

Address

.....

..... Post code

Email

Date of birth Tel (home)

Occupation Mobile

Please provide the contact details of a referee who can vouch for you in this application to join the Dru Yoga Therapy Diploma Course.

Name

Address

.....

..... Post code

Email

Occupation Tel (home)

Mobile

ABOUT YOUR YOGA EXPERIENCE

Which yoga school did you train with?

.....

How many groups/people do you teach per week?

.....

Are you a complementary therapist? (What kind?)

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PLEASE SEND TO: Yoga Therapy Course Co-ordinator
Snowdonia Mountain Lodge
Nant Ffrancon, Bethesda, Bangor
Gwynedd LL57 3LX

