



**the London YTTC
STUDENT APPLICATION FORM
2015-2017**

Student name:

Address:

Contact numbers etc.: home:

work:

mobile:

email:

Date of birth:

Date at which you started practising yoga:

Previous teachers:

Approximate time devoted to practise per week:

How many classes attended per week:

Name of present weekly yoga teacher:

Address:

Tel. nos:

Signature of weekly teacher:

by which they guarantee that they back your application to the course.

Please have them send us a letter of recommendation, under separate cover, stating why they feel you would make a good teacher.

Any specific medical, learning difficulties or disabilities we should know about? :

Present job/ profession :

Full time or part time :

Any relevant teaching experience?

Any professional skills or qualifications which might be useful in teaching yoga?

Do you have adequate internet and typing skills for research and homeworks?

Are you willing to work with diverse communities?

Are there any areas of Teaching Yoga you feel you would especially like to pursue?

Please tell us the title of books which have helped your understanding of Yoga?

Please note that all information given on this form is strictly confidential.

To be completed and returned to the LYTTG administrator, scanned and emailed or by post to:

Deb Watson
26 Wayside
London
SW14 7LN

e. debyoga@gmail.com