

Application to the Sandstone Teacher Training Academy – April 2018



Name _____

D.O.B _____

Address _____

Mobile _____ Email _____

My Yoga Journey so far:

Courses, Schools, Studies attended

My Current Practice:

Why I want to teach Yoga:



Health

Please let us know if you have any medical conditions that might affect you during the sessions:

PLEASE LET US KNOW IF YOUR CIRCUMSTANCES CHANGE
Are you on medication for any of the above or any other condition? Please give details.

**I declare myself fit and able to take part in Yoga with Sandstone Yoga & Pilates.
I will complete the health questionnaire and should my circumstances change I will notify Sandstone Yoga & Pilates.
I understand that I must stay within the limits of my own body and take responsibility for my own wellbeing during the sessions.
I enclose £700 as my first payment towards starting this course.**

Signed _____ Date _____

Cheques payable to M Nicklin
Cash to Aldridge Reception
Pay directly into M Nicklin, Intelligent Finance, Sort code 11-91-00, Account 03973453
Mark your payments TT17 SURNAME eg, TT17 Smith

Email notification will be sent within one week of all payments arriving.