**APPENDIX 2: INITIAL ASSESSMENT FORM**

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**BWYQ LEVEL 4 CERTIFICATE IN TEACHING YOGA**

**INITIAL ASSESSMENT/APPLICATION FORM**

This initial assessment will support your tutor in ascertaining whether this qualification is right for you and what support you may need while you are studying. Please provide as much information as you can.

Name Date Title (Mr/Mrs/Miss/Ms/other)

Address: ...........................................................................……………………………………………….

…………………………………………………………………… Post Code: …………………………………..

Telephone Numbers: ............................................. E- Mail address: ...............................

FILL IN THE BOXES BELOW AS FULLY AS YOU CAN WITHIN THE SPACE ALLOWED

|  |  |  |
| --- | --- | --- |
| Are you a member of The British Wheel of Yoga? If yes, please give your membership number |  | |
| How long have you been practising Yoga? |  | |
| Do you currently attend regular classes?  If yes:    Name and qualification of teacher  Frequency of classes  Length of time attending |  | |
| If not covered by above, please give the same details of your most recenttwo years of class attendance. |  | |
| Do you hold the British Wheel of Yoga Foundation Course qualification or other qualification from another organisation? Have you ever embarked upon a Foundation Course and failed to complete it? | If yes to either, please provide a copy of the certificate, (not the original) or name of tutor, date of leaving the Foundation or other course and reason for leaving | |
| State briefly why you are interested in joining this course. |  |
| Describe the qualities you will bring to the course/group |  |
| Do you require any additional support with your learning? Examples might include dyslexia or impairments |  |
| Do you have GCSE English grade C or above (or the equivalent)? |  |
| Please indicate the highest level of academic qualification you have achieved. |  |
| Include any other information which you feel is relevant to your application. |  |

In the boxes below please provide the names and e mail addresses of two referees, at least one of whom must be a yoga teacher. Please ask them to email me commenting on your suitability and potential as a yoga teacher.

Signed ......................................................... Date: .......................................

Please return this completed form electronically and arrange payment of for the Introductory Day

**APPENDIX 3: REFEREES**

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**Name**

**Title (Mr/Mrs/Miss/Ms/other) Date**

|  |  |
| --- | --- |
| Yoga Teacher Referee | Other Referee |
| Name:  Telephone number:  Email address: | Name:  Telephone number:  Email address: |