

## Personal details

1. Full name.
2. Sex.
3. Date of birth.
4. Postal address.
5. Email address.
6. Phone.
7. Passport type and number (OS students only).
8. Emergency contact person and contact number.
9. Occupation.
10. Do you have a minimum level of English language proficiency, both written and oral?
11. Do you have any physical or emotional health conditions?
12. Have you had any surgery?
13. Do you have any physical injuries or back problems?
14. Are you taking any medication?
15. Are you vegetarian? (If yes how long for?)
16. Do you smoke? (If yes how long for, and what quantity per day?)
17. List any physical activities or hobbies.
18. What is your level of physical fitness? (below average / average / above average)
19. What is your blood pressure?



## Your Yoga Practice

1. What style of Yoga do you practice/teach?
2. Do you have a self practice? (If so please detail including length frequency and content.)
3. Do you attend regular classes? (What style how often and with whom)
4. Are you currently teaching? (If so where and how often?)
5. What areas of your yoga practice do you have difficulty in?
6. If teaching yoga what areas do you wish to improve on?
7. What do you aspire to achieve from completing this course?
8. Please list a personal history of yoga related qualifications and any other courses before (if new student) and after (both new and previous Inspya students) your Yoga Alliance Certification eg self development, meditation, workshops, retreats etc..

We require students to forward a copy of their 200hour Yoga Alliance Certification.

Thank you for completing the questionnaire. Please note that completion of this questionnaire does not guarantee you a place in the course.

Please email or post your questionnaire to Inspya Yoga.

Once you are accepted into the course you will be required to sign a disclaimer form. On receipt of your deposit your place will be secured.

## Declaration

I declare I have disclosed on this form all relevant details and by submitting these details to Inspya Yoga take full responsibility for myself in attending this course.

Date:

Signed:

