

IRISH YOGA ASSOCIATION
POST GRADUATE COURSE
APPLICATION FORM



Name:

Address:

Phone Home:

Phone Mobile:

Email:

Yoga Teaching Diploma(s) + Date:

Are you Teaching Yoga at the moment? Where and how often?

What do your classes comprise (content)?

What does your daily practice consist of?

What has attracted you to the Post Graduate Course?

What is your motivation for doing the Post Graduate Course?	
What do you hope to gain from this Course?	
What do you have to offer the Post Graduate Course? Include qualifications, skills, interests etc.	
Have you any recent health issues, operations, injuries etc? Please list with approx date & treatment received.	
Would you be interested in the 2 week trip to India?	
Signed:	Date:

Please use separate sheet for answers if needed.
 Completed Application Forms should arrive no later,
 than 1st March 2010 to:
Miriam Brady,
 24 Rock Lodge,
 Killiney, County Dublin