



BRITISH WHEEL OF YOGA TRAINING

FOUNDATION COURSE LEVEL ONE

Teacher's Reference Form

Your details:

Name:

Address:

Telephone Number:

Email: _____

Please outline your yoga background:

Do you have any interaction with BWY? Yes/No

Applicant's Details:

Name of applicant:

How do you consider the applicant's asana practice *Poor / Fair / Good / Excellent*

(please circle the one you think best describes the applicant's ability)

Does the applicant attend your classes on a regular basis? **Yes/No**

How long has she/he been attending your class?

Any additional comments or observations:



To the best of my knowledge, the information on this form is true and complete.

This form collects your name, address, contact number and email address so that the BWY Office can communicate with you and provide assistance. Please check our Data Protection Policy which is on our website bwy.org.uk to see how we protect and manage your submitted data.

I consent to having British Wheel of Yoga collect my details via this form

Teacher's Signature

Date