



BRITISH WHEEL OF YOGA TRAINING

FOUNDATION COURSE LEVEL ONE



Yoga Training Centre

Teacher's Reference Form

Your Details:

Name: _____

Address: _____

Telephone Number: _____

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? _____

Your observations (please continue on a separate sheet if necessary):

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 _____