



PATANJALI YOG SAMITI

(An International Yog teaching body of PATANJALI YOG PEETH TRUST, Haridwar, India) in association with Patanjali Yog Peeth (UK) Trust (Charity Registration No. 1115370) www.pypt.org

ASSISTANT YOG TEACHER (LEVEL I)

ENROLMENT FORM

Please Paste
Your Passport
Size Photograph
Here

PERSONAL DETAILS

TITLE: Dr / Mr / Mrs / Ms

First Name..... Last Name.....

Date of Birth Male/Female Marital Status

Permanent Address

Post Code..... Telephone No. (H).....(O).....

(M)..... E-mail:.....

Education/Qualification..... Present/Occupation/Business

Location

HEALTH DETAILS

Are you currently under the care of a doctor or medical professional? **YES / NO**

When did you last consult your GP (family doctor) and why?

Are you currently taking prescribed medicine? **YES / NO**

If you answered YES to the above question please give details of the name AND dosage of the medication?.....

Do you smoke? **YES / NO** Do You Take Alcohol? **YES / NO**

Are you **Vegetarian / Non Vegetarian**

Are you currently suffering from or have suffered from any illness listed below (CIRCLE AS APPROPRIATE):

Heart Trouble	Lung disease	Stomach/bowel trouble
Jaundice/hepatitis	Joint problems Diabetes	Allergies
Headaches/migraines	Asthma	High blood pressure
Low blood pressure	Back/neck problems	Serious accident
Severe stress reaction	Kidney/bladder disorder	Fits/blackouts/epilepsy
Hearing/sight problems	Surgical operations/Skin problems	Depression/anxiety
Hernia or rupture	Other:.....	

If you circled any of the options above please provide details and approximate dates where relevant:
.....
.....

Are you fit to join YOG TEACHER TRAINING CAMP: Yes No

GENERAL INFORMATION

Are you affiliated with a Community Centre or other organisation? **Yes/No**
If so, please state type of organisation: **Voluntary/ Private/ Public**
Name of the Organisation.....
Phone.....Email:.....

Please tell us below of any previous experience you have in learning & teaching Yog:
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.....

How did you find out about Patanjali Yog Peeth Trust?.....
.....

Why do you want to be associated with Patanjali Yog Peeth Mission?.....
.....
.....

Are you ready to devote minimum 2 hours weekly to teach and promote free Yog classes? **Yes** **No**

DECLARATION

I hereby declare that the particulars furnished above are true to the best of my knowledge. I further declare that I will abide by all the rules & regulations as well as the code of conduct of Patanjali Yog Peeth (Trust) prescribed for such Yog Teachers/ Volunteers from time to time. In case of violation of any rules, regulations or code of conduct, the trust can take disciplinary action against me and for this sole responsibility will be of mine.

Applicant's Signature.....
Date.....

PAYMENT ENCLOSED: £101 **DRAFT** **CASH** **CHEQUE**
(Please made your cheque/Draft payable to: 'PATANJALI YOG PEETH (UK) TRUST.)

Please send your completed form with payment at:
PYP (UK) TRUST, 40 LAMBHILL STREET, KINNING PARK, GLASGOW, G41 1AU, SCOTLAND (UK)

RECEIVED BY:
Yog Teacher Name:
SIGNATURE:.....**DATE:**

Please Note:
Applicant must be over 18 years old, healthy, dedicated, financially stable, and educated, to apply for the post of Yog Teacher.