



AYURVEDA CERTIFICATE COURSE

Application form 2019

Name _____ Date of birth _____

Address _____ Postcode _____

Email _____

Phone: Home _____ Work _____ Mobile _____

Occupation _____

Next of kin (name and relationship) _____ Phone _____

About your yoga experience

Please circle as appropriate: Beginner 2–3 years practice Experienced

Which yoga tradition? _____

Do you attend a regular Dru yoga class? _____ If **YES** who is your teacher _____

Are you a yoga teacher? _____ If **YES** how many weekly classes? _____

Are you a complementary therapist? If **YES** what do you practise and for how long? _____

Please outline any background you have as a coach or therapist, especially within the sphere of health, nutrition, personal development or therapeutics (eg any kinds of group work, therapies, etc)

About your health

Please help us to tailor the course to meet your needs by answering the following questions.

Do any of the following apply to you? (please circle as appropriate):

High/low blood pressure	Epilepsy	Fatigue	Auto-immune condition
Back / neck problems	Asthma	Diabetes	Physical injury /disability
Eye-sight problems	Hearing difficulty	Cancer	Arthritis / joint problems
Neurological problems	Allergies	Pregnancy	Menstrual problems
Emotional health problems	Heart condition	Any other—please describe below:	

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During the course, please inform us of health changes, (including pregnancy)

Are you currently taking medication? If YES what are you taking and what is it for?
This supports our team in caring for your highest interest

Have you seen a counsellor, psychiatrist or other mental health worker in the last 5 years?
If YES, please give details.

How did you hear about this course? Please circle the most appropriate response:

1. Word of mouth
2. Dru yoga class or course
3. Website, flier, Dru enewsletter, or email
4. Magazine advert
5. Other, pls specify _____

About yourself

What led you to apply for the Dru Ayurveda course?

What are your expectations of the course?

What do you hope to achieve by the end of the course?

How do you intend to use the course and qualification?

What you enjoy doing—any interests and skills you have?

Signature _____ Date _____

Please scan and email your completed application to mouli@druworldwide.com
or send by post to:

Attention: Mouli MacKenzie
Dru Ayurveda Certificate Course
PO Box 448 MAWSON ACT 2607