



Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation \_\_\_\_\_

Next of kin \_\_\_\_\_ Phone \_\_\_\_\_

About your yoga experience:

How many years have you been practising yoga? \_\_\_\_\_

Which yoga tradition(s)? \_\_\_\_\_

Are you a yoga teacher? \_\_\_\_\_ How many classes per week? \_\_\_\_\_ How many people per week? \_\_\_\_\_

When did you start teaching? \_\_\_\_\_ Total hours you have taught yoga: \_\_\_\_\_

Please give details of any areas of specialisation e.g. pre-natal. \_\_\_\_\_

From which training provider did you attain your primary yoga teaching qualification? \_\_\_\_\_

Please advise their contact details: \_\_\_\_\_

What was the name of the training course? \_\_\_\_\_

Where was the course located? \_\_\_\_\_ When did you graduate? \_\_\_\_\_

How long was the course? (number of hours plus months / years) \_\_\_\_\_

What level of qualification did you achieve? \_\_\_\_\_

Who else have you trained with? \_\_\_\_\_

Are you a complementary therapist? If yes, what do you practice and for how long? \_\_\_\_\_

Please give details of any other qualifications— outline any other relevant teaching or training experience, especially within the sphere of yoga, personal development and therapeutic areas (on separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_

Please provide details of any professional organisations of which you are a member including your level of membership:

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### General questions:

Have you participated in any Dru events, courses, conferences etc?  
(Please specify title and year and include courses you may be currently booked on)

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### About your health:

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

Do you suffer from any of the following: - *(please circle as appropriate)*

High/low blood pressure	Epilepsy	Fatigue	Injury
Back / neck problems	Asthma	Diabetes	Physical disability
Eye-sight problems	Hearing difficulty	Cancer	Arthritis / joint problems
Emotional health problems	Heart condition	Any other—please use this space to describe:	

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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?

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Have you seen a counsellor, psychiatrist or other mental health worker in the last 5 years?

If YES, please give details.

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### About myself:

**Please write about yourself on a separate sheet/s of paper and include the following:**

- What led you to apply for the Graduate Diploma of Dru Yoga Therapy?
- 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?
- Please include background information about yourself such as your educational and occupational history and your family, as well as what you enjoy doing.

### Proof of your qualifications and experience:

Please attach proof of your yoga teaching qualifications e.g. copies of your diplomas and/or certificates of training, as well as details of your yoga teaching hours.

**References:**

If you are not a graduate of a Dru Yoga Teacher Training Course please also include a reference from your yoga teacher, friend or colleague to support your application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that we will advise you of whether or not you have been accepted into the course once we have assessed your application. We reserve the right to alter the course costs without prior notice.

**Please send your completed application to:**

C/O

Claire Merchant

Nant Francon Valley

Bethesda

Gwynedd

LL57 3LX

or email to: [hello@druworldwide.com](mailto:hello@druworldwide.com)