



## Yogease Application Form

Please complete this form and send with: a copy of your C.V., your relevant qualification certificates and copy of your insurance.

Name

Address

Email

Phone numbers

I am applying as- (e.g. Yoga teacher, Massage therapist)

Specific styles of Yoga/ Therapy offered

When did you start to practice yoga/ your discipline

How long have you taught yoga/ worked professional as a therapist?

Relevant qualifications & training

Who are your main teachers/ influences?

Highest other qualifications (academic etc.)

Other relevant interests if any

Areas in which you hope/ intend to develop your career

Working times available

Geographical working area (be as specific as possible)

Means of transport available/used/ preferred

Insurance details

Please briefly describe yourself & your work

Why are you interested in this work?

Is this your full time work?

Please provide written testimonials, one from a teacher/ therapist familiar with your practice and one from a student/client. Please also provide their contact details.

Thankyou for applying to work with **Yogease**