



Yin Yoga 50-hour CPD Course Application Form

Name:

Address:

Date of Birth:

Phone:

Email:

Gender:

Occupation:

How did you hear about this course?

Please outline your yoga experience to date, including the teachers you have studied with, the style(s) of yoga you practise, the workshops you have attended, if any, and your own self-practice, if you have one. Please also give details of your Yoga Teacher Training certification. (attach a separate page if you need more space):

Please explain why you would like to attend this course:

Please tell me about your fitness level, and detail any injuries, physical conditions or disabilities:

As a certified PRO trainer with Yoga Alliance Professionals, I am obliged to also ask you to complete the following Code of Conduct and GDPR forms:

Ríonach O'Flynn Yoga Teacher Trainee Code of Conduct & GDPR Consent

If you are accepted onto this Teacher Training Programme, you agree to the following Code of Conduct, which is a declaration of acceptable, ethical and professional behaviour on the part of yoga teachers. I am also legally required to ask you to sign the GDPR consent below.

- To continue with a regular, personal yoga practice both for my own wellbeing and that of my future students.
- To ensure that safe and effective teaching is available to the public
- To provide the public with access to safe and effective yoga teachers
- To acknowledge the limitations of my skills and scope of practice and where appropriate, refer students to seek alternative instruction, advice, treatment or direction.
- To provide Consent Cards (for optional adjustment) in any location where I teach.
- To follow the ethical guidelines for Yoga Teachers which will be covered during my Teacher Training Course with Ríonach O'Flynn Yoga.

Please sign below to agree (please also note that failure to agree to follow the Code of Conduct will disqualify you from the course).

Student name & signature:

Date signed:

GDPR CONSENT

If I am registered as a student of your Training Course, I consent to my contact details (name, email and phone number) being passed onto our partners, Yoga Alliance Professionals, so they can contact

me directly and invite me to register as a Trainee and Teacher. I understand that I have the option of opting out of this registration process.

Student name & Signature:

Date signed:

When you have completed this form, please scan a copy by email to hello@rionachoflynn.com

Thank you.