

THE YOGA REGISTER

YR-1 APPLICATION FOR REGISTRATION OF A YOGA TEACHER

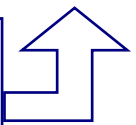
CERTIFIED BY A YR REGISTERED SCHOOL



PLEASE NOTE: Registration with another body, e.g. BWY or Yoga Alliance, does not necessarily indicate that your school is registered with the Yoga Register. Please check the schools list on the YR web site or ask your school. If your school is not registered, use form YR-2.

NAME		<input type="checkbox"/>
ADDRESS		
TOWN/CITY		} <input type="checkbox"/>
AREA/COUNTY/STATE		
COUNTRY		
POST CODE/ZIP		
TELEPHONE: DAY		<input type="checkbox"/>
	EVENING	<input type="checkbox"/>
	MOBILE	<input type="checkbox"/>
EMAIL		<input type="checkbox"/>
WEB SITE		<input type="checkbox"/>

Tick the boxes to indicate the details you would like to appear on the IYN web site and made available to enquirers by other means. Ticking the box indicates that you give permission for the data to be published. See Note 1, page 4.



NAME OF SCHOOL			
LEVEL APPLIED FOR (IF YOUR SCHOOL OFFERS MORE THAN ONE LEVEL)	200 HOURS	500 HOURS	1000 HOURS

OFFICE USE ONLY: DATE RECEIVED		
EXAMINED BY	DATE	FEE
NUMBER R-	WEB ENTRY	

WHAT YOU NEED TO SUPPLY:

- YOUR CV WITH PARTICULAR REFERENCE TO YOUR YOGA EXPERIENCE
- A COPY OF YOUR CERTIFICATE OR LETTER OF RECOMMENDATION FROM YOUR SCHOOL
- COPIES OF ANY OTHER RELEVANT CERTIFICATES (See Note 2, page 4)
- YOUR SIGNATURE ON THE AGREEMENT BELOW
- YOUR PAYMENT (SEE BELOW FOR OPTIONS)
- EVIDENCE OF CURRENT THIRD PARTY LIABILITY INSURANCE OR APPLICATION FOR BGI INSURANCE - SEE APPLICATION BELOW (See Note 3, page 4)

YOUR CHECK LIST - PLEASE MAKE SURE YOU HAVE INCLUDED EVERYTHING



AGREEMENT

I declare that the statements made and answers given in this application are true and that no material information has knowingly been withheld BOTH IN RESPECT OF APPLICATION FOR REGISTRATION AND IN RESPECT OF ANY APPLICATION FOR INSURANCE COVER. I agree to uphold the standards of the Yoga Register and teach safely, responsibly and in a manner which enhances the reputation of the Register and Yoga in general. I understand that my registration is dependent on my carrying current, adequate insurance cover. I understand that breach of this agreement will result in withdrawal of registration.

Signed: _____ Date: _____

PAYMENT

You may pay by cheque or debit/credit card via PayPal or by Paypal account via PayPal : see

<https://www.independentyoganetwork.org/register/payments>

REGISTRATION FEE - £25 PER ANNUM

IF YOU ARE ALSO APPLYING FOR BGI INSURANCE CONTACT THEM DIRECTLY ON 01367 246157 TO MAKE PAYMENT OF THE PREMIUM [CURRENTLY £73 PER ANNUM]. WE WILL FORWARD YOUR FORM TO BGI WITH EVIDENCE OF YOUR IYN REGISTRATION.

PAYMENT METHOD

PLEASE TICK AS APPROPRIATE

CHEQUE FOR £25 PAYABLE TO 'IYN' & SENT BY SNAIL MAIL WITH APPLICATION

PAYPAL @ <https://www.independentyoganetwork.org/register/payments>

APPLICATION FOR IYN COMPREHENSIVE YOGA TEACHER'S INSURANCE



AS ARRANGED BY BGi.uk BROKERS

See Note 4, page 4

Who do you teach? (e.g. children, adults, pregnant women etc.)		
Where do you teach?		
How many hours do you work on average per annum?		
Have you ever undergone a police check? (Please tick.)	YES	NO
If so provide details.		
<u>Have you ever:</u> (Please tick.)		
Made a claim under this type of insurance before?	YES	NO
Been refused any type of insurance?	YES	NO
Held this type of insurance?	YES	NO
Been convicted or charged with any criminal offence?	YES	NO
Are you aware of any other information that you should tell us?	YES	NO
Name any CAM therapies you would also like to be covered by insurance. (Make sure certificates are provided.)		

If you have answered 'YES' to any of the above questions or you are aware of any other material fact that you should tell us about, please give details and continue on a separate page if necessary:

Membership and Insurance administration provided by BGi.uk, Portwell House, Faringdon, Oxfordshire, SN7 7HU tel 08456 580510 or 01367 246134 fax 084569 580520



PLEASE NOTIFY BGi.uk IF YOUR CIRCUMSTANCES OR DETAILS CHANGE

NOTES

Send completed application (pages 1 - 3) with other requested documentation to:

THE INDEPENDENT YOGA NETWORK
PO BOX 5525
WOLVERHAMPTON
WV1 9PH

Tel: 01902 689218 Email info@namaskaram.co.uk

If you prefer to pay by standing order mandate [combined insurance and membership] please contact BGi.uk Insurance first.

Insurance enquiries to:

BGi.uk
PORTWELL HOUSE
FARINGDON OXON,
SN7 7HU

(www.BGi.uk.com)

Tel: 08456 580 510 or 01367 246134 Fax: 08456 580 520 Email: IYN@BGi.uk.com

Send change of address and other contact details to: independentyoganetwork@gmail.com **01902 689218**

Note 1 (page 1) We will publish your basic details on the YR web site according to your request as soon as your application is processed. You may also have a short write up of approximately 150 words and a picture displayed on your web entry. Send these by email to independentyoganetwork@gmail.com. Photos attached in *jpeg* format please.

Note 2 (page 2) Include particularly here copies of certificates relating to any CAM therapy you'd like to be included in your insurance cover. Also, if you have certificates in Yoga besides your registered school certificate, include these.

Note 3 (page 2) You are required to have third party liability insurance for at least £5,000,000 since liability can fall back onto the IYN if you do not have it. We **strongly** recommend our own policy since it is very comprehensive and because there are no extras for most CAM therapies, children's Yoga, yoga therapy and so on. Policy holders whose main residence is in the UK or Eire and who work anywhere in the world except the USA and Canada are covered for £5,000,000. Premiums are payable in GB pounds. The more members take up the policy, the cheaper it will be.

Note 4 (page 4) Please note that if you have paid the preferential rate for members, your continued insurance cover with BGi is dependent on current membership of the IYN. Please note also that the person insured is **ONLY** the person named on page 1: this is not a group or company insurance. Similarly, your registration with IYN is dependent on you having current, adequate insurance cover and will automatically cease if your cover lapses.