

THE YOGA REGISTER

YR-1 APPLICATION FOR REGISTRATION OF A YOGA TEACHER

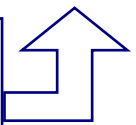
CERTIFIED BY A YR REGISTERED SCHOOL



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 IYN 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- | INSURANCE STATUS | |

WHAT YOU NEED TO SUPPLY:

- YOUR CV WITH PARTICULAR REFERENCE TO YOUR YOGA EXPERIENCE (See Note 5, p 5)
- A COPY OF YOUR CERTIFICATE OR LETTER OF RECOMMENDATION FROM YOUR SCHOOL
- COPIES OF ANY OTHER RELEVANT CERTIFICATES (See Note 3, 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 - APPLICATION FORM ON PAGE 3 (See Note 4, 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

REGISTRATION FEE - £25 PER ANNUM. YOU WILL GET A REMINDER ABOUT A MONTH IN ADVANCE WHEN THE PAYMENT IS DUE.

IF YOU ARE ALSO APPLYING FOR BGI INSURANCE CONTACT THEM DIRECTLY ON 01367 246157 TO MAKE PAYMENT OF THE PREMIUM [CURRENTLY £78 PER ANNUM]. WE WILL FORWARD YOUR FORM TO BGI WITH EVIDENCE OF YOUR IYN REGISTRATION AND SEND YOU AN EMAIL WITH INSTRUCTIONS ON GETTING YOUR COVER.

PAYMENT METHOD

PLEASE TICK AS APPROPRIATE

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

PAYPAL @ <http://independentyoganetwork.org/register/payments> You can use your credit or debit card or your PayPal account using this method.

BACS SORT CODE - 08-92-99, ACCOUNT NUMBER 65309966 [Please give a clear reference to your payment and let us know you have used this method.]

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:

BGi.uk, Portwell House, Faringdon, Oxfordshire, SN7 7HU
PLEASE NOTIFY BGi.uk IF YOUR CIRCUMSTANCES OR DETAILS CHANGE
TEL: 01367 246133
EMAIL: Niall.Heffernan@bgi.uk.com



OPTIONS FOR SENDING YOUR APPLICATION

EMAIL - Attach to email and send to info@namaskaram.co.uk. You can write in handwriting on the printed form and scan or photograph it. Send in jpeg or png format please. If you photograph the form, please make sure it is legible. To type directly onto the form, the 'Fill & Sign' facility available on many versions of Adobe PDF Reader enables you to place a cursor anywhere on the document and type in your details.

SNAIL MAIL - Post to IYN, c/o NYSFOR, PARK ROAD, ABERMAW, GWYNEDD, LL42 1PH. [To avoid considerable delay, attach correct postage. Using Post Office 'signed for' facility can also cause delay.]

If you have filled in the BGi insurance application, send it to us with your IYN application. We will pass it over to BGi and send you an email with instructions on how to arrange cover over the phone.

Send change of address and other contact details to: independentyoganetwork@gmail.com / 07572 749468 (text please). [Also inform your insurance provider.]

NOTES

Note 1 BGi Insurance enquiries to:

TEL: 01367 246133 EMAIL - Niall Heffernan <Niall.Heffernan@bgi.uk.com>

For further details, see www.BGi.uk.com

Note 2 (page 1) WEB SITE ENTRY We will publish your basic details on the IYN web site according to your request as soon as your application is processed. You may also have a short write up of approximately 300 words and two pictures displayed on your web entry. We will request this when the application process is complete. Send these by email to Trevor Latham, our data administrator, at independentyoganetwork@gmail.com. Photos attached in *jpeg* or *png* format please. Contact details such as phone number, email address and web site address may be displayed as desired.

Note 3 (page 2) CERTIFICATES Please supply **copies** of any certificates you have relating to your Yoga training, whether with an IYN registered school or otherwise. Include here copies of certificates relating to any CAM therapies you practise, particularly if you'd like them to be included in your insurance cover. **Please don't send original certificates.**

Note 4 (pages 2 & 3) INSURANCE 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. You can shop around for this cover but we recommend BGi's policy since it is very comprehensive and because there are no extras for many 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. (If resident in other EU counties, please enquire.) Premiums are payable in GB pounds. The more members take up the policy, the cheaper it will be. 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 whilst you are actively teaching.**

If you use another insurance provider other than Bgi, send a copy of your cover document along with your application.

Note 5, (page 2) CV Please supply a brief, general CV of the type you would use to apply for a job or educational course. This should include sections on your work experience, education and interests. Add a section on your Yoga experience. Use .pdf, .doc, .docx, or .odt format for email attachments please.

PROCESSING TIME Applications are usually processed within a day or two of receipt. If the application isn't complete or is problematic in some way, we'll get back to you. This will obviously slow down the processing time. Occasionally, we may take longer due to volume of work or holidays etc. If you don't hear anything after a week of posting or emailing, contact Pete Yates (IYN Secretary) - info@peteyates.uk.

IYN LINKS - CHECK WHAT YOU ARE JOINING!

Main site - <https://independentyoganetwork.org>

Online publication - <http://www.namaskaram.co.uk>

Events - <http://iynyogadays.org>

IYN Facebook Group - <https://www.facebook.com/groups/IndependentYogaNetwork/>

Video of 2018 Conference - <https://www.youtube.com/channel/UCDEPkhBO7agNnclel44Fdjg>