



14 Thomas Street, Hampton, Victoria. 3188 Telephone: (03) 95331347
Email: admin@viyett.com.au Website: www.viyett.com.au

**VIYETT 2009 COURSE REGISTRTION FORM
DISTANCE EDUCATION**



PERSONAL DETAILS

Name: _____
Address: _____

Postcode: _____
Telephone:
Home _____ Work _____
Mobile _____
Email: _____
Date of Birth: _____

EDUCATIONAL BACKGROUND (From all Studies)

| Studies Completed | Year Completed | School/Institution |
|--------------------------|-----------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

YOGA EXPERIENCE

Please give details of any yoga experience. Include the length of time, style of yoga etc. or any other experience that you consider relevant:

RELEVANT OR OTHER WORK EXPERIENCE

Please give details of any experience that you consider relevant to your application:

PERSONAL MOTIVATION

Please describe briefly why you would like to complete this course:

SPECIAL NEEDS

Please advise us of any special needs you may have so that we may assist you during the course of your study

ADDITIONAL EXPERIENCE

Please note any other information you would like to provide in support of your application:

FIRST AID CERTIFICATE

Current

To Complete

COURSE PUBLICITY

To assist us in planning and promoting our courses could you please indicate how you found out about this course:

VIYETT Course Guide

Yellow Pages

Website

Newspaper

Other Please specify _____

DECLARATION

I acknowledge that I have supplied all of the information relevant to my application for registration into the above course. I have read and agreed to abide by the course conditions as outlined in the Student Resource Handbook.

Signature _____ **Date** _____

Please send your application for registration to the address below and we will contact you when we receive your application.

**Victorian Institute of Yoga Education
And Teacher Training,
14 Thomas Street,
HAMPTON, VIC, 3188
Or
Email to: admin@viyett.com.au**