



14 Thomas Street Hampton, 3188 Victoria Telephone: (03) 95331347

Email: admin@viyett.com.au Website: www.viyett.com.au

2009 COURSE REGISTRATION FORM



COURSES (Please tick the course you are enrolling in)

- Yoga Studies – Hatha Yoga Practitioners Certificate.
- Diploma of Yoga Teaching
- Advanced Diploma of Yoga Teaching.

COURSE DATES

- 16th February 2009 Daytime Training
- 21st February, 2009 Weekend Training
- 18th February (Wednesday) Evening Training

Subject to demand there will also be a mid-week evening training, please indicate your interest

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 WORK EXPERIENCE

Please give details of any experience that you consider relevant to your Yoga Studies/Teacher training 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:

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

Referral _____ Name _____

Other Please specify. _____

Applicants will be contacted by telephone to arrange a personal interview when we have received your registration form.

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 policies and conditions as outlined in the VIYETT 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

& Teacher Training,

14 Thomas Street,

HAMPTON, VIC, 3188

Or email to: admin@viyett.com.au