

# 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		}
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 IYN 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 breach of this agreement will result in withdrawal of registration.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT**

You may pay by cheque, credit card or four quarterly payments by standing order (combined membership and insurance only). We also have a PayPal facility which is probably the easiest payment method for applicants from outside UK and Eire: see <http://theyogaregister.org/payment.htm>.

- REGISTRATION FEE ONLY - £25 PER ANNUM
- FEE PLUS INSURANCE PREMIUM @ £71, TOTAL = £96

PLEASE TICK AS APPROPRIATE

**PAYMENT METHOD**

- CHEQUE PAYABLE TO 'IYN'
- CREDIT CARD BY PHONE (PHONE BORDENGATE ON 08456580 510)
- STANDING ORDER + CHEQUE FOR FIRST QUARTER (USE FORM ON PAGE 5)
- PAYPAL @ <http://theyogaregister.org/payment.htm>.

# APPLICATION FOR IYN COMPREHENSIVE YOGA TEACHER'S INSURANCE

AS ARRANGED BY BORDENGATE 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.		
<b><u>Have you ever:</u></b> (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 Bordengate,  
14 Market Place, Faringdon, Oxfordshire, SN7 7HP tel 08456 580510 fax 084569 580520

PLEASE NOTIFY BORDENGATE IF YOUR CIRCUMSTANCES OR DETAILS CHANGE

## NOTES

Send completed application (pages 1 - 3) to:

THE INDEPENDENT YOGA NETWORK  
PO BOX 5525  
WOLVERHAMPTON  
WV1 9PH

Tel: 01902 689218 Email [info@namaskaram.co.uk](mailto:info@namaskaram.co.uk)

Standing order mandates should be sent to :

STANDING ORDER COLLECTIONS  
ELWELL & CO  
C/O 9 BURCHELLS AVENUE  
KINGSWOOD  
BRISTOL  
BS15 1DN

Send change of address and other contact details to:

BORDENGATE INSURANCE  
14 MARKET PLACE  
FARINGDON  
OXON,  
SN7 7HP

([www.bordengate.com](http://www.bordengate.com))

Tel: 08456 580 510 Fax: 08456 580 520 Email: [melanie.haynes@bordengate.com](mailto:melanie.haynes@bordengate.com)

**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 [info@namaskaram.co.uk](mailto:info@namaskaram.co.uk). Photos attached in *jpeg* format please. They will be cropped and resized to 73 by 92 pixels.

**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. You are covered worldwide except the USA for £5,000,000 provided you have a UK or Eire base. The more members take up the policy, the cheaper it will be.

**Note 4 (page 4)** Please note that your continued insurance cover is dependent on current membership of the IYN.

# Standing Order Mandate

The co-operative bank

To \_\_\_\_\_ (Your Bank)

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Pay The Co-operative Bank SORT CODE 08-92-99**

**For the Credit of IYN**

6	5	3	0	9	9	6	6		0	0
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Account Number and Type

**The Sum of First Payment £25 Twenty Five Pounds**

**Commencing NOW**

**and thereafter every year (twelve months) until you receive further notice from me/us in writing**

**Quoting Reference \_\_\_\_\_ (your name here please)  
and debit my/our account accordingly**

**Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference**

**Special Instructions**

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**Account to be Debited**

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**Sort Code**

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**Account Number**

**Signature(s)** \_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

**Note:** The Bank will not undertake to:

1. Make any reference to Value Added Tax or other indeterminate element;
2. Advise payer's address to beneficiary;
3. Advise beneficiary of inability to pay;
4. Request beneficiary's banker to advise beneficiary of receipt.

**Note:** Please ensure signed in accord with account mandate