

AIYP Application Form: New Members

1. Contact Details

Name	
Address	
	Postcode:
Email	
Telephone	
Mobile	

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2. Associate or Full Membership?

Tick as appropriate:

- I am applying for Full Membership *and* yoga teaching insurance through the AIYP
- I am applying for Associate Membership of the AIYP. I am insured to teach yoga through:
 - BWY
 - Other. Please give details:

3. Yoga Teacher Training Qualifications

To apply for AIYP membership you must satisfy *one* of the criteria below. Please tick *one*:

- I have completed an *approved* Yoga Teacher Training Course (see below for a list of approved courses).

Or

- I have completed an *alternative* Yoga Teacher Training Course *and* I am able to supply

evidence of a commitment to and respect for Scaravelli influenced yoga.

3.1. Approved Yoga Teacher Training Courses:

- Tick the name/s of your Yoga Teacher Training course director/s:

✓	Course Directors
	Peter Blackaby
	Gary Carter
	Marilyn Freedman/ Rosamunde Jordan at Morley College
	Chloe Fremantle Blegvad
	Sophie Hoare
	Mary Stewart
	John Stirk
	Bill Wood
	Anne-Marie Zulkahari

- Give the duration and the start and end dates of your course:

Duration:

Start date:

End Date:

- Now go to Section 4.

3.2. Alternative Yoga Teacher Training

If you have trained to teach yoga in a different style or tradition to those listed above, please give details of your teacher training course:

Title of Course:

Course Director/s:

Duration:

Start date:

End Dates:

You also need to demonstrate a respect for, and a willingness to teach from, a Scaravelli influenced perspective:

- Please give details of workshops/retreats attended or co-taught with teachers who work from this perspective
- *Where possible* supply copies of receipts as proof of attendance
- Details over the last 2 years will suffice, most recent first:

Date	Details of workshop or Retreat	Name of Teacher	Teacher's Email	Teacher's phone no.	Copy of receipt supplied (please tick)

And/or

Give details of regular attendance at classes with teachers who work from this perspective. *Where possible* please seek your teacher/s endorsement (i.e. signature):

Details of regular classes attended	Name of Teacher	Teacher's signature	Teacher's Email	Teacher's phone no.

4. Further Information

The cost of annual membership of the AIYP is £20.

The membership year runs from 1st April to 31st March.

Cost of membership reduces quarterly through the year.

For further details see the AIYP section of the Independent Yoga website (www.independentyoga.co.uk) or contact AIYP membership secretary Penny Oakley:

Tel 01273 550331 or 07887 670785.

Email aiyp@hotmail.co.uk.

Upon receipt of your AIYP membership certificate you will be eligible to apply for the Association of Independent Yoga Practitioners Medical Malpractice & Public/Products Liability Insurance. A summary of the main benefits of the insurance cover and details of cost are available to download in the AIYP section of the Independent Yoga website.

If you are applying for full membership of the AIYP you will receive an insurance application form with your AIYP membership certificate.

5. Your signature

I certify that, to the best of my knowledge, the information provided above is correct.

Signed: _____

6. Send this form to:

Penny Oakley, AIYP Membership, 38 Woodbourne Avenue, Brighton, East Sussex, BN1 8EQ

You must enclose (please tick):

- A copy of your Yoga Teacher Training Certificate
- A copy of your most recent First Aid Certificate (valid for three years from date of receipt)
- Copies of receipts as proof of attendance at workshops/retreats, if applicable
- A cheque for £20 made out to 'AIYP'. If you are unsuccessful in your application to be a member of the AIYP your cheque will be returned to you.