



INTEGRAL YOGA ACADEMY OF AUSTRALASIA

Principal: Dr Savitriananda Devi YD New Zealand

Personal Information

Full Name:.....

Address:.....

.....Postcode:.....

Telephone:.....M.....

Date of Birth:.....Diet: Vegetarian () / Non Vegetarian ()

Occupation:.....

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Other Certifications, Diplomas etc:.....

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Senior First Aide Certificate: Yes / No St John Ambulance / Australian Red Cross

Do you have any health problems? If yes please specify.....

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Yoga Experience Details: Teachers / Duration, etc.....

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Are you presently teaching? Yes / No. If yes give details and how long for.....

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State your reasons for choosing this Course and what you hope to gain from it.....

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Signature.....Date.....

How did you find this Course and IYAA.....

All information on this form remains strictly confidential