**MHFA & Yoga Application Form**

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| Name: BWY Membership No: |
| Date of Birth: |

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| Full Address with Postcode:  Tel:  Email address: |

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| Do you have any pre-existing medical conditions, including mental ill-health? Please state below. |

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| How much Yoga have you done and in what style? |

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| Why would you like to learn about mental health and mental illness? Tell us about yourself in no more than 150 words. |

By completing and returning this application form, I hereby confirm that I have read and understood all the information provided on the Mental Health First Aid for Yoga Teachers Online Course and understand that Certification is dependent on successful completion of the course. I confirm payment of either the extended early bird rate of £350, course fee of £397, or Angel fee of £450.

Please send your completed application electronically to: [admin@clearmindinternational.com](mailto:admin@clearmindinternational.com) with subject line **BWY Module: Yoga MHFA England**.

Once we receive your Form, we’ll send you banking details for payment and further information.