

Student Questionnaire



To be filled in before joining a yoga class face to face or remotely.



All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation. This information is purely to ensure your needs/mobility requirements can be met.

Name Date of Birth

Address
.....
.....

Telephone number: Home Mobile

E-mail

Emergency contact Name:

Emergency contact Telephone number:

Have you attended a yoga class before?

If yes, how long have you practiced yoga?

If yes, what style of yoga have you practiced? (if known)

How did you hear about this class?

What is your intention for attending Yoga classes?

Do you participate in any other physical activity, e.g. gym work, jogging, swimming, aerobics, badminton, cycling, walking or other?

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How regularly do you do this?

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P.T.O >>>>>>

Medical Conditions:

Please tick this box if you *do not wish* to declare medical information

The following information is required to ensure your safety. Whilst yoga may be practised safely by most people, there are certain conditions which require special attention. If you are unsure, please consult your GP before commencing class. Please tick the boxes below if you have any of the following medical conditions and please give details in the space provided. Please feel free to discuss anything further with me in person.

These conditions require specific modifications to your yoga practice.

- Abdominal disorder or recent surgery
- Arthritis (osteo or rheumatoid)
- Back pain (if cause known please state)
- Knee problems
- Hip problems
- Shoulder or neck problems
- Heart disorders
- High blood pressure
- Low blood pressure

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These conditions may affect your practice and so provide useful information for your tutor.

- Asthma
- Other breathing problems
- Diabètes
- Auto-immune disorder (e.g. M.E. M.S. Lupus etc)
- Epilepsy
- Anxiety/depression
- Sensory problems affecting eyes or ears
- Balance problems
- Varicose Veins
- Hernia
- Other (to be discussed with tutor)

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Are you /could you be, pregnant, or have you given birth in the last six weeks? Yes/No
Please note my training & professional insurance do not cover me to teach Pregnant participants. Please speak to me if you are or think you might be pregnant.

Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might be adversely affected by yoga practice? Yes/No *If yes, please provide details.*

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Have you had any recent operations (in the last two years)? Yes/No *If yes, please advise what the operation was.*

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P.T.O >>>>>>

DECLARATION

During Yoga class asana (postures) I may come around to assist you, which will involve placing my hands on you.

Would you have any objection to being assisted by me (or cover Yoga teachers)? **Yes/No**

Please note we always ask, before placing our hands, during asana practice and you are more than welcome to decline at any time.

I confirm the above information is correct. I understand that it is my responsibility to: -

- check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class. *(neither your teacher/Another Journey Begins are qualified to express an opinion that you are fit to safely participate in any session hosted by Another Journey Begins. You must obtain professional/specialist advice from your doctor before participating if you are in any doubt.)*
- **not attend** and advise the yoga teacher if I am pregnant or under the influence of alcohol or non-prescription drugs.
- advise the yoga tutor of any change in my medical information or ability to participate in the class.
- follow the advice given by my doctor and/or yoga teacher.
- care for my own health and safety whilst participating in the yoga class, whether face to face or remotely.
- remain on screen when participating in a remote Mindful Yoga session. (I understand that for any periods of time throughout a remote session during which I move off screen or are outside of the teacher’s view, whether intentionally or not; no liability will arise on the part of the teacher.

I am happy for this information to be shared with a supply/cover Yoga teacher to ensure safe teaching appropriate to my needs.

In the absence of any negligence or other breach of duty by your teacher, participating in any session hosted by Another Journey Begins is entirely at your own risk.

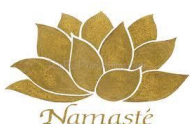
Signed

Name (please print)

Date

In order to comply with the General Data Protection Regulations, it is necessary to check whether or not you are happy for me to retain your contact details and to email you information I think will be useful to you, including workshops/events and relevant updates. I only hold information when it is necessary for me to carry out my work and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, can you please indicate below your preference(s) or otherwise, when contacting you. Please note that you are able to amend these choices at any time by contacting me.

Means of communication	YES	NO
Email		
Telephone (Mobile or Landline)		



Thank you for taking the time to provide this information, if you are unsure about anything please ask me.
Angela