

**Yoga-Link & Care-Sure schemes – Enquiry Form**

<b>Full Name :</b>		<b>Date:</b>	
<b>Address :</b>		<b>Tel No:</b>	
		<b>Email:</b>	
		<b>Date of Birth:</b>	
<b>Post Code:</b>		<b>Please state the average number of Classes / Sessions per week</b>	

**Please list all activities for which cover is required and answer all questions for each activity required:**

<b>Activity 1:</b>	
Are you Fully Qualified?	
If your training is ongoing when are you scheduled to complete it?	
What training programme/s have you undertaken? Please provide details of Qualification/ certificate/diploma <i>(Please list all relevant training and training school attended)</i>	
Please confirm date this was obtained <i>(In the event of a claim evidence of your qualification will be required)</i>	
Is your Qualification recognised by another Accrediting Body? If so who? <i>In the event of a claim evidence will be required</i>	

<b>Activity 2:</b>	
Are you Fully Qualified?	
If your training is ongoing when are you scheduled to complete it?	
What training programme/s have you undertaken? Please provide details of Qualification/ certificate/diploma <i>(Please list all relevant training and training school attended)</i>	
Please confirm date this was obtained <i>(In the event of a claim evidence of your qualification will be required)</i>	
Is your Qualification recognised by another Accrediting Body? If so who? <i>In the event of a claim evidence will be required</i>	

<b>Activity 3:</b>	
Are you Fully Qualified?	
If your training is ongoing when are you scheduled to complete it?	
What training programme/s have you undertaken? Please provide details of Qualification/ certificate/diploma <i>(Please list all relevant training and training school attended)</i>	
Please confirm date this was obtained <i>(In the event of a claim evidence of your qualification will be required)</i>	
Is your Qualification recognised by another Accrediting Body? If so who? <i>In the event of a claim evidence will be required</i>	

Are you a member of a professional organisation that is relevant to this application <i>(If yes, please provide details)?</i>	
<b>When would you like your cover to start?</b>	
<i>Have you had' Indemnity Insurance before? If Yes, is this current or recently lapsed (Please give expiry date)?</i>	YES / NO

**Please continue on second page if necessary**