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

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<th>Full Name:</th>
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<td>Address:</td>
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Please list all activities for which cover is required and answer all questions for each activity required:

### Activity 1:

- 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 *(Please list all relevant training and training school attended)*
- Please confirm date this was obtained *(In the event of a claim evidence of your qualification will be required)*
- Is your Qualification recognised by another Accrediting Body? If so who? *(In the event of a claim evidence will be required)*

### Activity 2:

- 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 *(Please list all relevant training and training school attended)*
- Please confirm date this was obtained *(In the event of a claim evidence of your qualification will be required)*
- Is your Qualification recognised by another Accrediting Body? If so who? *(In the event of a claim evidence will be required)*

### Activity 3:

- 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 *(Please list all relevant training and training school attended)*
- Please confirm date this was obtained *(In the event of a claim evidence of your qualification will be required)*
- Is your Qualification recognised by another Accrediting Body? If so who? *(In the event of a claim evidence will be required)*

Are you a member of a professional organisation that is relevant to this application *(If yes, please provide details)*?

When would you like your cover to start?

Have you had In­de­mi­nity In­surance before? *(If yes, is this current or recently lapsed (Please give expiry date))*? YES / NO

Please continue on second page if necessary.

**DSC Insurance Services**, Swithins, Tilford Road, FARNHAM, Surrey  GU9 8HU
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