

Yoga-Link & Care-Sure schemes – Enquiry Form

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

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 <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>	

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 <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>	

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 <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>	
When would you like your cover to start?	
<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