



international School of Kundalini Yoga

3 Northcroft Terrace, Newbury, Berkshire. RG14 1BS
Tel: +44(0)1635 523900 Email: admin@i-sky.net

i-SKY Kundalini Yoga K1 course

Yoga Alliance Professionals Foundation (Level 1) Certification

K1 APPLICATION FORM: April 2025 intake

Name.....Name of Yoga Teacher.....

Gender.....Address.....

.....Postcode.....

Telephone.....Mobile.....Date of Birth.....

Email.....

I wish to apply for all/some of the i-SKY course Parts as detailed overleaf.

I have read and understood the i-SKY/YAP certification requirements detailed at i-SKY.net I understand that the course promotes a yogic lifestyle and that group “seva” (service to others) may constitute part of the course. The group may make joint agreements about seva projects or lifestyle aspirations and I agree to participate in decision making and to do my best to abide by group decisions. I undertake to arrive in good time and to attend each Part in total. I understand the cost of the Course to be: £1995 if paid in full prior to the first part **or** £80 per day (paid prior to each part) plus an initial £225 registration fee making a total of £2225. Payment covers all tuition, comprehensive course manual, YAP Trainee membership and student teacher insurance option. All fees paid are non-refundable.

I have attached a summary of my yoga and life experience and stated my reasons for wishing to do this course (two A4 page maximum).

I enclose payment in respect of the course Parts ticked/underlined/circled overleaf.

I consent to receiving course and occasional event information – which I may opt out of at any time.

I accept that my participation in yoga course/class/instruction is at my own risk and subject to and governed by English Law and the exclusive jurisdiction of the Courts of England and Wales.

I confirm that I am over eighteen; that my physical, mental and emotional health is stable; that I am not currently under medical supervision and that I will inform i-SKY immediately should these circumstances change. Should you be unable to assert this please asterisk* your signature and attach details of your circumstances (to be treated confidentially).

This course is transformative in its nature and participants should be grounded in a recognisable perception of reality. We reserve the right to defer further instruction at any time, and indefinitely, in the interests of your own well-being.

SIGNED.....DATED.....

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Please find enclosed payment for all/some Parts as detailed (underlined/circled) below:

Crowthorne non-residential April intake 2025

9:15a.m. – 4:45 p.m. Monday, Tuesday & Wednesday

Registration Fee		£225
Part 1	28 29 30 April	£240
Part 2	12 13 14 May	£240
Part 3	2 3 4 June	£240
Part 4	9 10 11 June	£240
Part 5	24 25 June	£160
Part 6	8 9 10 September	£240
Part 7	29 30 1 September/October	£240
Part 8	13 14 15 October	£240
Part 9	4 5 November	£160

Crowthorne April Intake **Total enclosed** £.....

OR

*Prepayment of the **WHOLE COURSE** including Registration Fee:*

Includes Tuition Parts 1-9, comprehensive Teacher Training Manual, YAP membership & Insurance

***Total enclosed* £1995**

Payment may be made at:

<https://www.paypal.com/paypalme/kundalininow>

Please enquire about other payment options.

Please Note:

Prepayment of the whole course *or each part prior to attendance* is a requirement for successful completion of the course. **All fees paid are non-refundable.**

I, the undersigned, agree to the following:

1. The i-SKY Teacher Training team reserve the right to grant Foundation certification based solely on their discretion and evaluation of each student's readiness to be a Kundalini Yoga Teacher - evaluation based on successfully meeting the course requirements including but not limited to those in the course documentation.
2. I understand that I am strongly encouraged to submit my certification requirements within 6 weeks of the end date of the course. All requirements must be completed and submitted no later than 12 months after the conclusion of the course (late submission fees will apply after 6 months). If for any reason I do not complete the requirements for the course within this time frame, I may not be certified.
3. If I am not granted certification for any reason, I understand that an appropriate completion pathway will be outlined

Signature (Legal Name)

PRINT (Legal Name)

Date