



DAOYIN SCOTLAND  
QIGONG TEACHER TRAINING  
LEVEL 1  
**APPLICATION FORM**

First Name:

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Surname:

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Email address:

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Contact number:

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Address, line 1:

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Town:

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County:

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Post code:

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Country:

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Previous relevant teacher training experience (with Gordon Faulkner and/or Tina Faulkner Elders):

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Previous relevant practice experience (incl. years):

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Any other relevant information:

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On successful application you will be required to complete a simple PAR-Q form (Physical Activity Readiness Questionnaire). If you have any health issues that you think may need special consideration, please enter here:

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A successful applicant will be required to film themselves for video assessments. You will need to have or create a YouTube account for upload of video assessments. These will be 'unlisted' and not for the public. Should you require any assistance with this please let us know.

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Date:

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Sign:

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