



THE BRITISH WHEEL OF
YOGA

Continuing Professional Development (CPD)

Attendance Form

NAME

BWY MEMBERSHIP NO

TITLE OF EVENT.....

DATE & VENUE

NAME OF TUTOR

NUMBER OF TRAINING HOURS.....

SIGNED (Teacher).....

SIGNED (CPD Tutor).....

Please Complete this form and send it to Bob Simmonds
BWY Central Office, 25 Jermyn Street, Sleaford, Lincs NG34 7RY