



spontaneity, simplicity, endurance, regularity, expansion creativity skill, joy

Application for enrolment in a Living Consciously Retreat

Please complete the form in clear capital letters, and include a deposit of 25% of the total cost to be forwarded by mail or email to:

SATYANANDA YOGA ROCKLYN
 RMB 1440 Creswick Victoria 3363 Australia
 email yogarock@satyananda.net Ph 61 (0)3 5345 7434 Fax 61 (0)3 5345 7566

Balanced to be paid on arrival

All information provided will be treated confidentially.

Please note that this application for enrolment is dependent on availability.
 Please confirm your placement by email or phone.

I wish to attend the Introduction to Living Consciously from:

Commencement date

To:

Completion date

Please note: courses intakes are before 5pm Sunday nights. Minimum 1 week stay

Personal information

surname given name

initiation name (if applicable) initiation type (if applicable)

female male date of birth country of birth

nationality

postal address suburb or town

state or province postcode country

phone home work

mobile

email (please print very clearly)

Emergency Contact Details

Contact name..... Ph no Relationship

Confidential Health information

- High Blood pressure
- Low blood pressure
- Hernia
- Joint pain problems
- Gastrointestinal ulcer
- Allergies or sensitivities
- Arthritis
- Back conditions
- Muscular pain cramps
- Diabetes
- Epilepsy
- Stroke
- Any heart condition
- Dizziness
- Any major injuries
- Breathing difficulties or asthma
- Any chronic diseases

Please specify any additional ongoing illness, physical or mental disabilities

Please give details of any applicable condition

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Are you Pregnant? No Yes please indicate: 0-3 months 3-6 months 6-9 months

Are you currently taking any medication? Yes No If yes, please list.

Medication	Condition/purpose	Dosage	Date
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Are you currently taking medication for a psychological or psychiatric condition? Yes No If so, please indicate name of medication, for what condition prescribed and how long you have been taking it:

Medication	condition/purpose	dosage	dates of use
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What is your Profession?

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Motivation

Why do you want to undertake this course?

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Are you currently studying for the Diploma in Satyananda Yoga teaching

Please indicate, whether you are also enrolled in yogic studies or teacher training module? YS1a, YS1b, YS2a, YS2b, TT1, TT2 (please circle)

Starting date

Which campus? Rocklyn Mangrove

Yoga practice

How long have you been practicing yoga? No. of years regularity

Have you attended a regular yoga class? yes no For how long have you been attending

What style of yoga is practiced?

Previous training in Yoga (if any)

Please indicate any previous yogic training you have undertaken

Major courses Qualifications

Organisations/yoga style/tradition

Location dates of course

Yoga teaching experience (if any)

Are you a Yoga teacher?

yes

no (affiliated SY, accredited SY, non-accredited SY, other tradition - please specify.....)

How long have you been teaching? No.of years from/to

Average number of classes per week Type of classes

Residence in an Ashram (if any)

Long term residence in a yoga centre or ashram. Place

from/to.....

Mailing List

Are you already on our mailing list? Yes No

Do you wish to be on our mailing list? Yes No

Payment

I enclose 25% dep \$230 payment for the first week Weeks 2 - 4 \$210 per week

Mode of payment: cheque/money order mastercard visa bankcard

Please make cheques payable to: **Yoga Association of Victoria** Cheques and money orders **MUST** be in Australian dollars

card# | | | expiry date |

name on credit card signature

date/...../.....

Acknowledgement: I understand that this program involves active daily participation in the activities of the ashram with the aim of balancing other yoga practices with involvement in tasks such as gardening, cleaning, administration, cooking, maintenance etc, and I will be expected to take part in these activities.

Signature

Thank you, Hari Aum

