



## Application for enrolment in a 5 or 7 night retreat

Please complete the form in clear capital letters and send by mail or email to the **Yoga Association of Victoria** with your deposit of 25% of the total fee made with credit card details or cheque in the above name.

SATYANANDA YOGA ROCKLYN

RMB 1440 Creswick Victoria 3363 Australia

email [yogarock@satyananda.net](mailto:yogarock@satyananda.net) Ph 61 (0)3 5345 7434 Fax 61 (0)3 5345 7566

**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 Yoga Lifestyle 5 or 7 (circle your choice) nights retreat from:

Commencement date .....

To:

Completion date .....

**Please note:** 5 nights retreat – courses intakes are on Monday nights. Minimum 5 day stay  
7 nights retreat – courses intakes are on Sunday nights. Minimum 7 day 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
- Any chronic diseases
- Breathing difficulties or asthma

Please specify any additional ongoing illness, physical or mental disabilities .....

Please give details of any applicable condition .....

.....  
.....

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?

Are you currently studying for the Diploma in Satyananda Yoga teaching yes  no

Which module? YS1a, YS1b, YS2a, YS2b, TT1, TT2 (please circle)

Starting date? .....

Which campus? Rocklyn  Mangrove

**Motivation**

Why do you want to undertake this course? .....  
.....

**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**

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?

no

yes  (affiliated SY, accredited SY, non-accredited ST, 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

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

Mode of payment: cheque/money order  mastercard  visa  bankcard

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

