



# SATYANANDA YOGA ACADEMY EUROPE

## APPLICATION FOR ENROLMENT YOGIC STUDIES 2 - 2011

**How to fill out this form**

Print out, complete in clear writing in **BLACK** ink, **sign, scan** and **email** it to the address at the end of the form with any relevant documents.

- All information provided will be treated confidentially.
- Please note that this application does not guarantee a place. Entry to the course is competitive and applicants will be notified of the outcome as soon as possible.
- You may be required to attend an interview via telephone or Skype or provide additional supporting evidence.

Please attach a passport size photo here.

**Please complete all the following details.**

**SECTION 1 - Personal Information**

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Initiation details (if applicable):

Type \_\_\_\_\_ Name \_\_\_\_\_

Received from \_\_\_\_\_ When: \_\_\_\_\_

Date of birth \_\_\_\_\_ Female [ ] Male [ ]

Postal address \_\_\_\_\_

Town/City \_\_\_\_\_

County/State \_\_\_\_\_ Zip/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Skype \_\_\_\_\_  
*Include country code*

Email address 1. \_\_\_\_\_ 2. \_\_\_\_\_

Name of person to be contacted in emergency.

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Relationship (e.g. partner, family member, friend, etc.) \_\_\_\_\_

**SECTION 2 – English Competency**

Country of birth \_\_\_\_\_ Nationality \_\_\_\_\_

Is English your first language? Yes [ ] No [ ]

If No - How would you rate your knowledge and fluency of English (please indicate level)

	Poor	OK	Good	Excellent
Speaking				
Comprehension				
Reading				
Writing				

***Important note: Yogic Studies requires applicants to be proficient in the English language. Applicants whose first language is not English may be required to demonstrate their proficiency to ensure they can follow the course and will not be disadvantaged in any way.***

### SECTION 3 - Educational Information

Please indicate any Further or Higher Education programs previously completed or in which you are currently enrolled:

Major studies	Level of attainment or degree earned	Institution	Dates of attendance
_____	_____	_____	_____
_____	_____	_____	_____

#### Professional skills and qualifications:

Qualification	Type of training	Dates of course
_____	_____	_____
_____	_____	_____

#### Current employment/occupation:

Current occupation/position	From (date)
_____	_____
_____	_____

### SECTION 4 - Yogic Information

#### Previous yogic training

Please indicate any previous yogic training with **SATYANANDA YOGA®**.\*

Course	Institution & Location	Dates of Course
_____	_____	_____
_____	_____	_____

*\*(Please attach copies of course completion certificates for YS1 or BYB 4 month certificate course)*

How long have you been practising yoga? \_\_\_\_\_ Regularity \_\_\_\_\_

What style/s of yoga have you practised? \_\_\_\_\_

#### Yoga classes

Do you attend a regular weekly yoga class? Yes [ ] No [ ]

If yes, how long have you attended this class? \_\_\_\_\_

Name of your teacher \_\_\_\_\_

#### Yoga Teaching experience (if any):

How long have you been teaching? \_\_\_\_\_ years, from \_\_\_\_\_ to \_\_\_\_\_

Average number of classes per week: \_\_\_\_\_

Type of classes: \_\_\_\_\_

#### Long term residence in a yoga centre or ashram (if any):

Place	From	To (dates)
_____	_____	_____
_____	_____	_____

### SECTION 5 – Computer Competency

Do you have access to a home computer?      Yes       No

How would you rate your computer knowledge (please indicate level)

	Poor	OK	Good	Excellent
General use				
Word processing				
Email				
Internet use				

### SECTION 6 – Health Information

What is your general state of health? \_\_\_\_\_

Please give brief details of any past surgery or serious medical illness.

\_\_\_\_\_

\_\_\_\_\_

Please tick the box if you have had or do have any of the following conditions:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Allergies          | <input type="checkbox"/> Any chronic disease    | <input type="checkbox"/> Any heart condition    |
| <input type="checkbox"/> Any major injuries | <input type="checkbox"/> Arthritis              | <input type="checkbox"/> Asthma                 |
| <input type="checkbox"/> Back Conditions    | <input type="checkbox"/> Breathing difficulties | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> Dizziness          | <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Gastrointestinal ulcer |
| <input type="checkbox"/> Hernia             | <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> Joint pain/problems    |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Muscular pain/cramps   | <input type="checkbox"/> Sensitivities          |
| <input type="checkbox"/> Stroke             |   |   |

No known physical conditions that would have a bearing on your ability or your capacity to undertake the course

Please provide details of all conditions indicated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you Pregnant?      Yes       No

Please indicate:       0–3 months       3–6 months       6-9 months

Have you had any chronic or serious health condition that has caused you to miss two weeks or more of work or regular activity in the last three years?      Yes       No

If so please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Due to the emphasis of Yogic Studies on lifestyle and personal growth, this course can be emotionally and psychologically challenging. Hence it may not be appropriate or helpful to all persons at all times. The following questions are intended to assist in assessing your suitability to undertake the course and to help ensure you are provided with appropriate support and guidance where necessary.*

Are you currently receiving or have you ever received any form of psychiatric treatment, or had any cause to receive treatment from a professional for reasons of mental health, or psychological or emotional well being? Yes [ ] No [ ]

Have you ever been diagnosed with a clinical psychological or psychiatric condition? (This may include anxiety and depression) Yes [ ] No [ ]

If yes, please specify.

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*(please continue on a separate sheet if necessary)*

Are you taking any medication? Yes [ ] No [ ]

If yes, please specify in detail.

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*(please continue on a separate sheet if necessary)*

*(This information is requested so that any particular needs may be accommodated for and will not influence any decision in regards to your application for enrolment. People with disabilities are advised to contact the Course Co-ordinator via admin@syae.org to discuss their requirements. All information provided will remain strictly confidential.)*

## SECTION 7 – References

Please indicate the name/s and contact details of yoga teacher/s or other referee/s who may attest to your suitability for this course.

Name	Telephone number/email
1. _____	_____
2. _____	_____

## SECTION 8

Why do you want to undertake this Yogic Studies Course? – Please write a minimum of 250 words

*(continue on a separate sheet if necessary)*

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