



SATYANANDA YOGA ACADEMY EUROPE

APPLICATION FOR ENROLMENT YOGIC STUDIES 2 - 2009

Complete this form in clear capital letters, in **black** ink and forward it to SYAE with any relevant documents.

- Please add additional pages where necessary.
- All information provided will be treated confidentially.
- Please note that this application for enrolment 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 provide additional supporting evidence.

Please affix
passport size photo.

Please complete all the following details.

SECTION 1 - Personal Information

Family Name _____ First Name _____

Initiation details (if applicable):

Type _____ Name _____ Received from _____

Date of birth _____ Female [] Male []

Postal address _____

Town/City _____

County/State _____ Zip/Postal code _____ Country _____

Telephone: Home _____ Mobile _____ Work _____
Please write 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 2 requires applicants to be proficient in the English language. Applicants whose first language is not English will 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 advise brief details of any past surgery or serious medical illness.

Please indicate any disabilities or any other medical conditions (including pregnancy).

Are you receiving or have you ever received any form of psychiatric treatment? Yes [] No []

If yes, please specify.

(please continue on a separate sheet if necessary)

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

If yes, please specify in detail.

(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 Director 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 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 200 words
(please continue on a separate sheet if necessary)

SECTION 9 – Declaration

I declare that the information given in this application is true and accurate to the best of my knowledge. I understand that SYAE, may, for the purpose of verification, obtain information from the above named teachers or institutions.

Signature: _____ Date: _____

Now:

Email this form to: **admin@syae.org**
(Preferred method)

Only if this is not possible, then you can post it to:
(Acknowledgement of receipt may be delayed)

Satyananda Yoga Academy Europe
P.O. Box 16
Budapest 1550
Hungary

SYAE will acknowledge receipt of this enrolment form, and, subject to English testing, will inform you as soon as possible of your acceptance to the course.

You will then be required to pay the course fee in advance. You will be sent details of how to pay by bank transfer.

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FOR OFFICE USE ONLY:

Form received by: _____ Date: _____ Ref. No.: _____