



# Mangrove Yoga Ashram

Yoga Association of Mangrove Mountain Inc.  
ABN 48 596 099 032

## DEPARTMENT SEVAK RESIDENTIAL FORM

This form is in three parts:

- Section 1 Personal details
- Section 2 Private and confidential information
- Section 3 Health certificate

### Section 1 – Personal details

#### Personal Details (Please print)

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Initiation Name (if applicable) \_\_\_\_\_

Initiation (jignasu, Karma, Poorna) \_\_\_\_\_ Initiation Year \_\_\_\_\_

Female / Male \_\_\_\_\_ Date of Birth \_\_\_\_\_

Postal Address (When not at Mangrove) \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

E-mail \_\_\_\_\_

Please affix/insert passport  
style photo

#### Children

Only complete this section if your children are accompanying you on your residential ashram stay.

Please photocopy section 3 and complete one for each child or one complete form for each child (except for the Income & Expenses part)

No. of Child	Name	Male / Female	Age	Proposed Schooling Arrangements

#### Enrolment

I plan to arrive at Mangrove for trial period on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you currently or planning to be undertaking a Yogic Studies or Teacher Training course during your stay? (Separate application needed) Yes  No  If yes which course \_\_\_\_\_

Agreed length of trial period  6  7  8  9  10  11  12 weeks

After the trial I plan to stay at the ashram for a period of  6  7  8  9  10  11  12 months

I plan to stay after the end of the 12-month period. (A review and approval will be required for permission to stay on)

Yes  No  Planned total length of stay after 12 months \_\_\_\_\_

Reason for Applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Yoga Experience

How many years have you been practicing yoga? \_\_\_\_\_

Regularity \_\_\_\_\_ Style \_\_\_\_\_

Details of Previous Visits to Mangrove:

Date	Length of stay (days, weeks months)	Course
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous stays in a residential Yoga Centre / Ashram (other than at Mangrove):

Ashram	Date	Period (days, weeks, months)	Course
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Personal Qualities

Personal Qualities, Characteristics, Strengths and Weaknesses:

\_\_\_\_\_  
 \_\_\_\_\_

## Goals

Personal Development: (eg: yogic, spiritual) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Skills Development: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

What appeals to you about the path of karma yoga? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

What is your aim in participating in this course? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## Commitments

Please read section in the information brochure on commitments before answering

During your stay are you planning to be completing any formal education course outside of Mangrove?

Yes  No  Please give details \_\_\_\_\_

Do you have a Partner or Spouse? Yes  No

Number and Ages of Children \_\_\_\_\_

Will you have any outside family commitments during your stay? Yes  No  If yes please details

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where do your children (under 18 years of age) live? \_\_\_\_\_

\_\_\_\_\_

Will you have any outside work commitments during your stay at Mangrove? \_\_\_\_\_

\_\_\_\_\_

Will you have any other outside commitments during your stay? Yes  No  If yes, please give details.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Persons to be contacted in emergency (list two)

Name \_\_\_\_\_ Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Mobile \_\_\_\_\_

### Payment

Damage deposit \$ 400 (plus \$20 parking if applicable)

### Intellectual Property & Photographs

- I understand and agree that all projects, and works or other intellectual property which I am involved in during karma yoga and while participating in this residential program are and will remain the property of Satyananda Yoga, Mangrove Mountain.
- The centre may at any time record and/or photograph any of the activities at or adjacent to the centre. Satyananda Yoga Mangrove and Satyananda Yoga Academy and associated organisations reserve the right to use any such recording, photograph, or video recording in its publications, advertising, and displays without obtaining further consent from any course participant. In completing this application form you release the Satyananda Yoga Mangrove and Satyananda Yoga Academy from any liability in connection with any such use of recordings and/or photographs.

### Agreement

- I hereby apply for a Department Sevak at Satyananda Yoga Mangrove for the purpose of deepening my understanding and experience of a yogic lifestyle and to contribute to the Satyananda Yoga activities at the Centre.

- This is a preliminary information form; a signed contract is required for all course stays and will be presented and signed at the end of the 6-week trial period.
- I have read, understood and accept the terms and conditions set out in this Residential form and the Residents Terms & Agreements. I understand that if I am unable to follow the terms and conditions, I will be required to change from a sevak stay to another program or if such negotiations are not possible, leave the ashram.
- I understand that I am applying to participate in voluntary karma yoga (work). I am not under Workcover but under volunteering workers insurance.
- I authorise Satyananda Yoga ~ Mangrove to make inquiries necessary to obtain references and to verify the accuracy and completeness of the information provided by me.
- I authorise the use of the material in this application, except for the details in the confidential section, by authorised personnel of the centre to assist in the management of my stay. I authorise the use of the material in the confidential section to only be used by authorised personnel within the human resources department and my department supervisor.
- I agree to have a working with children check (NSW Government requirement for all paid and volunteer workers in environments where children are spending time)
- Signing below acknowledges that all the information included in this application is true and complete. I understand that withholding information or providing false or misleading information can lead to the immediate termination of my stay at Mangrove.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Checklist

- Residential form completed
- Passport Photo attached in application
- Payment included
- Current Health Certificate included (form from Mangrove –filled by you and Doctor)

PLEASE MAIL ALL OF THE ABOVE ITEMS AND INFORMATION TO:

Satyananda Yoga – Mangrove  
 300 Mangrove Creek Road, Mangrove Creek,  
 NSW 2250  
 Telephone: 02 4377 1171 F: 02 4377 1219  
 Email : By return email  
 Web site: [www.satyananda.net](http://www.satyananda.net)

## Office Use

- Application Received Date \_\_\_\_\_
- Working with children check completed OK.
- Health check ok – which is shown by the applicants' current Health Certificate

Authorisation Signature: \_\_\_\_\_ Date: \_/\_\_\_\_\_/\_\_\_\_

- Acceptance letter / email sent date \_\_\_\_/\_\_\_\_/\_\_\_\_ Contract \_\_\_\_\_

Terms \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Copy of curriculum vitae filed
- Details of emergency contact details recorded in reception
- Course coordinator reviewed application

### Before new resident moves in HRO completes following

- Enters fee arrangement into LTR spread sheet
- Allocates room in Arunachala
- Arranges Room check with building in charge before applicant moves in
- Enters person in Oracle if not there
- Changes address of person if in oracle and chose no mail so they do not get postage when living here.
- Under comments in Oracle put date of arrival for LT stay

# Mangrove Yoga Ashram

Yoga Association of Mangrove Mountain Inc.  
ABN 48 596 099 032



**SATYANANDA YOGA**  
Affiliate SYAA 20965

**Section 2 – Curriculum Vitae** Please attach a copy of your certified qualifications certificates.

**Name** (Please print)

Name \_\_\_\_\_ Spiritual Name \_\_\_\_\_

## Educational Qualifications

School/Institute	Certificate / Degree	Year Obtained	Details

## Other Qualifications

Drivers Licence No. \_\_\_\_\_ State: \_\_\_\_\_ Car Type/ Licence No.: \_\_\_\_\_

Licences: (e.g. Truck, Tractor, Bus) \_\_\_\_\_

Certificates: (e.g. 1<sup>st</sup> Aid, Chemicals, Food Handling, Justice of the Peace) \_\_\_\_\_

## Employment History

Name of Employer:	Position:  Dates employed:	Duties:
Name of Employer:	Position:  Dates employed:	Duties:
Name of Employer	Position:  Dates Employed:	Duties:
Name of Employer:	Position:  Dates Employed	Duties:

**Formal Yoga Training** (not including Teacher Training)

Organisation	Qualification	Year Obtained	Details (style of Yoga)

**Yoga Teaching**

Yoga Teacher Training

Organisation	Certificate / Degree	Year Obtained	Details

Yoga Teaching Accreditation Details: \_\_\_\_\_

Yoga Teaching Experience (please specify the number of years and number of classes): \_\_\_\_\_

**Other Skills or Experience in the following:**

Computer: \_\_\_\_\_

Management, Administration, Human Resources, Supervision: \_\_\_\_\_

Building, Maintenance, Carpentry \_\_\_\_\_

Mechanical, Electrical \_\_\_\_\_

Gardening, Landscaping, Bush Regeneration \_\_\_\_\_

Hospitality - Catering - Cooking - Kitchen Hand \_\_\_\_\_

Creative - Visual Arts - Music - Drama - Graphics \_\_\_\_\_

Outdoor - Physical Pursuits / Interests: (eg. Martial Arts, Dance, Hang gliding, Physical Education, etc.) \_\_\_\_\_

Other Skills \_\_\_\_\_

**Referees**

Please list three referees (include contact details) who may be contacted to verify the information given:

Previous Employer \_\_\_\_\_

Yoga Related \_\_\_\_\_

Personal \_\_\_\_\_

**Sign**

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_





# Mangrove Yoga Ashram

Yoga Association of Mangrove Mountain Inc.

ABN 48 596 099 032

## Section 3 - Confidential Information

Information in this section is confidential and will not be disclosed to any person outside of the Human Resource department and the course director of your course/s.

### Personal Information

Name \_\_\_\_\_ Spiritual Name \_\_\_\_\_

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Visa Type (If applicable) \_\_\_\_\_ Visa Expiry Date \_\_\_\_\_

### Health Information: Physical

We welcome persons of varying abilities. However, you might find some karma yoga activities and aspects of the ashram lifestyle physically demanding. For example, some karma yoga requires heavy lifting, bending, long sitting or standing, etc. In order that we may appropriately assign your karma yoga, please answer the following:

Your current Health Certificate attached with application form

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

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

Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall physical condition, including stamina, strength, flexibility, mobility: (tick one of the following)

excellent  good  average  improvement needed

Physical limitations. Please indicate specifically what you can and cannot do: \_\_\_\_\_

\_\_\_\_\_

Women: Are you pregnant? Yes  No  \_\_\_\_\_ How many months \_\_\_\_\_

Do you have any allergies or sensitivities? Yes  No  If yes, please specify \_\_\_\_\_

\_\_\_\_\_

SATYANANDA YOGA® is a trademark of IYFM used under license

Do you have any history of seizures? Yes  No  If yes, please give a brief history including date of last seizure, medications currently taking \_\_\_\_\_

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

Medication	condition/purpose	dosage	dates of use

Please detail any acute or chronic health conditions or any condition, which caused you to miss two or more weeks of work or regular activity in the last three years: \_\_\_\_\_

Please specify the number of times a week you include the following in your diet:

meat \_\_\_\_\_ coffee \_\_\_\_\_ sugar \_\_\_\_\_ smoking \_\_\_\_\_ alcohol \_\_\_\_\_

Contact details for current medical doctor

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

**Health information: Emotional/Psychological**

Due to the emphasis of yogic lifestyle on personal growth and the nature of some ashram activities, living and working in an ashram is at times emotionally challenging and psychologically rigorous. As such, this lifestyle is not appropriate or helpful to all persons at all times. Although the yogic practices and the atmosphere of the ashram facilitate personal growth, they are not a replacement for the specific support a psychotherapist and/or 12-step program provide. If you are currently or have recently been with a psychotherapist and/or 12-step program, we recommend you plan to continue regular contact with your therapist and/or program throughout your stay. The questions that follow are included on this application to support a safe experience for all program participants.

Please describe any current circumstances, which might make a participation stay difficult at this time (e.g., recent loss of loved one or job, personal obligations, end of a relationship). \_\_\_\_\_

Please provide details of use during the past 10 years of any Recreational or Psychoactive Drugs & Alcohol

Type of Recreational Drug or Alcohol	Date Began	How Often	Last taken	Currently using (Y/N)

Are you willing to commit to not using drugs or alcohol either on or off the property while you're in the Ashram Life Satra Course? Yes  No  \_\_\_\_\_

Have you ever been diagnosed with a psychological condition? Yes  No  If so, please describe the diagnosis, treatment administered and dates. List multiple conditions separately using another page, if necessary.

Have you during the last 10 years attempted to take your life? Yes  No

If so, please state when \_\_\_\_\_

Are you currently seeing a professional for mental health, personal growth, and/or spiritual concerns (e.g. psychiatrist, psychologist, social worker, pastoral or spiritual counsellor, etc.)? Yes  No

If yes, please provide their name and phone number below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Does this professional know you are planning to stay for an extended time at the ashram? Yes  No

Are you currently taking medication for a psychological 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

## Income & Expenses

The following information will be helpful to us in determining appropriate financial arrangements.

Are you in receipt of any income or support from any source (including Austudy or other pensions)? Yes  No

Please give details \_\_\_\_\_

Please list any debts you have including any instalment plans you have on training at Satyananda Yoga Mangrove

Please list in detail your expected monthly expenses including required payments and debts listed above.

Do you own a car which you are intending to run whilst living at the centre? \_\_\_\_\_

Do you have any health insurance? Yes  No  If yes, please give details. \_\_\_\_\_

## Sign

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Section 4 - Confidential Health Information

**Medical Assessment**

Name :	Phone :	
Address :		
Age :	Date of Birth :	Sex :
<p>To ensure applicant is suitable to participate in a long term residential course in Satyananda Yoga Centre. This involves working with others in kitchen, maintenance, administration, gardens; participating in daily yoga routines; sharing all facilities including accommodation; able to follow guidelines and directives given by supervisors and teachers. Be able to function independently. I.e. be on time and manage requirements of a disciplined lifestyle. To be non reliant on others at the centre for emotional, mental and physical support.</p>		

**Medical Practitioner – for this medical examination**

Doctor :	
Address :	
Phone :	Fax :
Appointment Date :	Time:

**Satyananda Yoga**

Contact person for results : Skills and Lifestyle Officer ( HR)
Contact phone number : 02 43771171
Contact fax number : 02 43771219

*Please read and complete all questions before you sign the following declaration.*

<p><b>Applicants Declaration</b></p> <p>I, _____, certify that I have read and fully understand the questions. To the best of my knowledge, the information supplied by me is true and correct. I consent to the medical practitioner releasing medical information to Satyananda Yoga, in order to assess whether I meet the medical criteria for participation in long term residential course.</p> <p>Applicants Signature _____ Date: ____/____/____</p>
--

## Section A – Applicant to Complete

Please answer all questions. If you do not understand a question, leave it out – The doctor will review this with you during the examination.

Current	No	Yes	Details
1 Are you being treated by a doctor for any illness or injury?			
2 Are you receiving any medical treatment or taking any medication?			
3 Has a medical practitioner recommended that you take medication but you are not?  If so which medication and for what diagnosis?			
4 Are you receiving any treatment by an osteopath, chiropractor, alternate health practitioner /therapist			

**Your past history** - Have you ever had, or been told by a doctor or therapist that you have had any of the following?

	No	Yes	Details
1 Diabetes			
2 Heart disease, chest pain, angina, heart attack, palpitations, irregular heart beat, any condition requiring heart surgery			
3 Stroke			
4 High blood pressure			
5 Pneumonia / Asthma / Abnormal shortness of breath			
6 Head injury , memory loss, blackouts, fainting, dizziness, vertigo, problems with balance			
7 Double vision, difficulty seeing, colour blindness			
8 Hearing difficulties or Tinnitus			
9 Spinal injury, back pain, sciatica, lumbago, slipped disc, neck injury, whiplash to the neck.			
10 Knee problems, cartilage injury.			
11 RSI, tenosynovitis, carpal tunnel syndrome.			
12 Thyroid disorder			
13 Kidney problems /disease Liver problems or Hepatitis C			
14 Do you use any drugs or medication not prescribed for you by a doctor			
15 If taking prescribed or un prescribed drugs or medication do these affect your ability to drive a motor vehicle, operate machinery or participate fully			

in any aspects of life?			
16 Any psychiatric disorders - Nervous illness, mental disorder, breakdown, depression, bipolar, schizophrenia			
17. Have you at any time taken medication for any Psychiatric disorder?			
18 Have you ever been hospitalised for a psychiatric disorder?			
19 Do you ever drink more than four standard drinks in a 24 hour period?			
20 Do you smoke? If so, how many per day?			
21 Have you ever claimed or received, or are you currently receiving Workers Compensation or a Disability Pension for an injury?			
22 Have you ever been regularly exposed to chemicals, noise, heavy metals, asbestos or other hazards?			Hazard Date Nature of work

List below all absences from work for health reasons for the past 12 months

Reason	No of Days
1	
2	
3	
4	

### Section B - Medical Examiner to Complete

Medical Examiner please view applicants' current and past health status above and discuss if necessary

1 Throat Appearance	Normal	Abnormal
2 Chest/Lungs	Normal	Abnormal
3 Blood pressure	Systolic                      mm Hg Diastolic                              mm Hg	
4 Pulse Rate	Regular	Irregular
5 Heart sounds	Normal	Abnormal
6 Peripheral pulses	Normal	Abnormal
7 Abdomen	Normal	Abnormal
8 Weight	kg divided by Height	m = Body Mass Index

9 Visual Acuity	Uncorrected		Corrected	
	Right	Left	Right	Left
	6/	6/	6/	6/
10 Are contact lenses worn?	Yes		No	
11 Visual Fields (Confrontation)	Normal		Abnormal	
12 Are fields of vision adequate for driving?	Yes		No	
13 Cervical spine rotation	Flexion		Comments	
	Extension			
	Rotation			
14 Thoracic spine	Flexion		Comments	
	Extension			
	Rotation			
15 Lumbar Spine	Flexion			
	Extension			
	Rotation			
16 Rombergs	Normal		Abnormal	
17 Urinalysis	Normal		Abnormal	
18 Hearing	Normal		Abnormal	
19 Mental Health				
20 Blood test for Iron and B12 levels. Any other blood test the doctor reccomends				

Comments on any abnormality (add additional pages if necessary)

---



---



---



---



---

## Medical Examiner's Certificate

After examining \_\_\_\_\_, I certify that, in my opinion... select one below.

There is no impediment preventing the applicant from participating fully in a dynamic community lifestyle, which includes working in areas of kitchen, maintenance, machinery operation, gardens, administration, interacting with community, sharing facilities including accommodation and practicing yoga daily.

An impediment exists which would prevent the applicant from being able to participate fully in the dynamic community lifestyle.

The applicant could participate in dynamic community lifestyle, with restrictions.

The applicant requires further examination / tests / assessment in relation to the following condition/s

Comments / Restrictions \_\_\_\_\_

---



---



---

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

---

Phone: \_\_\_\_\_

Results Faxed:            Yes            No

### Satyananda Yoga's Use Only

Report to be faxed to: Attention: "Human Resource Officer"

Address: Satyananda Yoga, 300 Mangrove Creek Road, Mangrove Creek, NSW, 2250

Phone: 02 43771171      Fax: 02 43771219