



Application Form

Note: all information provided is strictly confidential

Please complete this form if you are seeking to apply for the support program offered by Mangrove Yoga Ashram.

Spiritual Name (if any)..... SWAMI REDACTED

First Name..... BHAKTI Surname..... MANNING

What was the period that you were at the Ashram when the abuse occurred?

Date from..... MARCH 1975 Date to..... JULY 77

What was the nature of the abuse (we do not want details)?

Please tick whichever is applicable. Sexual Physical

General Comments (optional). Please provide any comments you feel you would like to make in relation to your application.

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Office Use Only:
Processing officer..... Yogasandhan
Approved or Not Approved..... Approved
Authorized by..... Yogasandhan
Date approved..... 17.05.14
Forwarded to Real Justice..... 17.05.14