

Mangrove Yoga Ashram

Yoga Association of Mangrove Mountain Inc.

ABN 48 596 099 032



SATYANANDA YOGA
Affiliate SYAA 20965

DEPARTMENT SEVAK RESIDENTIAL APPLICATION FORM

This form is in six parts:

- **Section 1** Personal details
- **Section 2** Curriculum Vitae
- **Section 3** Confidential Information
- **Section 4** Confidential Health Information
- **Section 5** Working with Children Application and Consent
- **Section 6** Application for Use of Ashram Vehicles & Nominated Drivers

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

Ashram	Date	Period (days, weeks, months)	Course
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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 covered 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 (Ashram 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)
- Working with Children and Young Person Application & Consent form complete, including Copy of Identification documents used in Working with Children application.

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

Office Use

- Application Received Date _____
- Working with children Application Form Submitted.
- Identification documents referred to in the Working with Children Application form has been sighted.
- Working with Children Clearance request submitted and received back as OK.
- Health check ok – which is shown by the applicants' current Health Certificate
- Application Form for Use of Ashram Vehicles & Nominated Drivers Complete.

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



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Mangrove Yoga Ashram

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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. 1st Aid, Chemicals, Food Handling, Justice of the Peace) _____

Employment History

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

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: ____ / ____ / ____



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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:

High blood pressure Arthritis Diabetes Breathing difficulties or asthma

Low blood pressure Back Conditions Epilepsy Dizziness

Hernia Joint pain/problems Stroke Any major injuries

Gastrointestinal ulcer Muscular pain / cramps Any heart condition Any chronic disease

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 _____

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300 Mangrove Creek Road
Mangrove Creek NSW 2250 Australia.
Tel: 02-4377 1171

email: mangrove@satyananda.net
website: www.satyananda.net
Fax: 02-4377 1219

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
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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
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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>Applicants Declaration</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>
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Part 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	

Part 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

Section 5 - Working with Children Application and Consent

The Ashram caters for a variety of people including families. Therefore life at the Ashram will involve us coming into regular contact with children and young persons under the age of 18. It is therefore mandatory that everyone who works at the Ashram, whether in a voluntary or paid capacity, receive clearance under the working with children guidelines to ensure that we keep our young students, visitors and residents safe by preventing those who pose a risk to the safety of children from working with or alongside them.

In order to authorise your participation in the Ashram community you must complete and sign the Working with Children Check Application and Consent Form. Due to the high level of mobility between Ashrams, the NSW Working with Children guidelines will be applied for all employees and volunteers irrespective of which state in which you will be participating. The Application and Consent Form can be located at: <https://check.kids.nsw.gov.au/background-check-consent.php>. A hard copy of the form is available from the Human Resource Department.

It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, **or to sign this declaration**. A 'prohibited person' is clearly defined in the Application and Consent Form.

Once complete, the form must be signed and submitted to the office along with this the Residential Application Form.

NOTE: The document used as Identification as its related document number must be sighted by the OFFICE when submitting the form. A clear certified photocopy is acceptable for remote applications.

Section 6 Application Form for Use of Ashram Vehicles and Nominated Drivers

Legal Name: _____

Spiritual Name: _____

Date of birth _____

Number of years driving _____

License No: _____

In the last 5 years have you

- Had insurance refused, cancelled, avoided or renewal not offered, no claim refused and no special conditions imposed.
Circle: Yes No

Been convicted of a criminal offense in relation to fraud, arson, theft or burglary or wilful damage.
Circle: Yes No

- Had accidents or incidents involving damage to or theft of a vehicle.
Circle: Yes No

- In the last 2 years have you had a license cancelled or suspended due to a driving offense.
Circle: Yes No

I agree to use Ashram vehicles in a lawful manner and to take full responsibility and care as the driver.

I agree that when using the ashram cars for personal use I am responsible for any expenses incurred due to damage to the car, either in the form of repairs to the vehicle or as payment of any insurance excess incurred as a result of the accident (whichever is applicable).

I am aware of and agree to following the Ashram's requirements when loaning a vehicle:

- *I will fill in the loan date on the daily vehicle usage record*
- *I will fill in the time of departure and estimated return prior to leaving*
- *I will pay any monies incurred immediately on return*
- *I will notify the Ashram of any likely infringements immediately on return*
- *I will document any damage that occurs to the vehicle while I am the driver immediately on return to the ashram. See Damage/Accident Sheet in file*
- *I will return the car at least half full of petrol*
- **ALL OTHER FORMS ARE TO BE FILLED IN AND SIGNED AS REQUIRED.**

PLEASE COPY YOUR DRIVERS LICENSE (BOTH SIDES) STAPLE THIS FORM TO IT AND HAND TO THE SKILLS AND LIFESTYLE DEPARTMENT

Signed _____ Date _____

More Information contact:

Satyananda Yoga – Mangrove

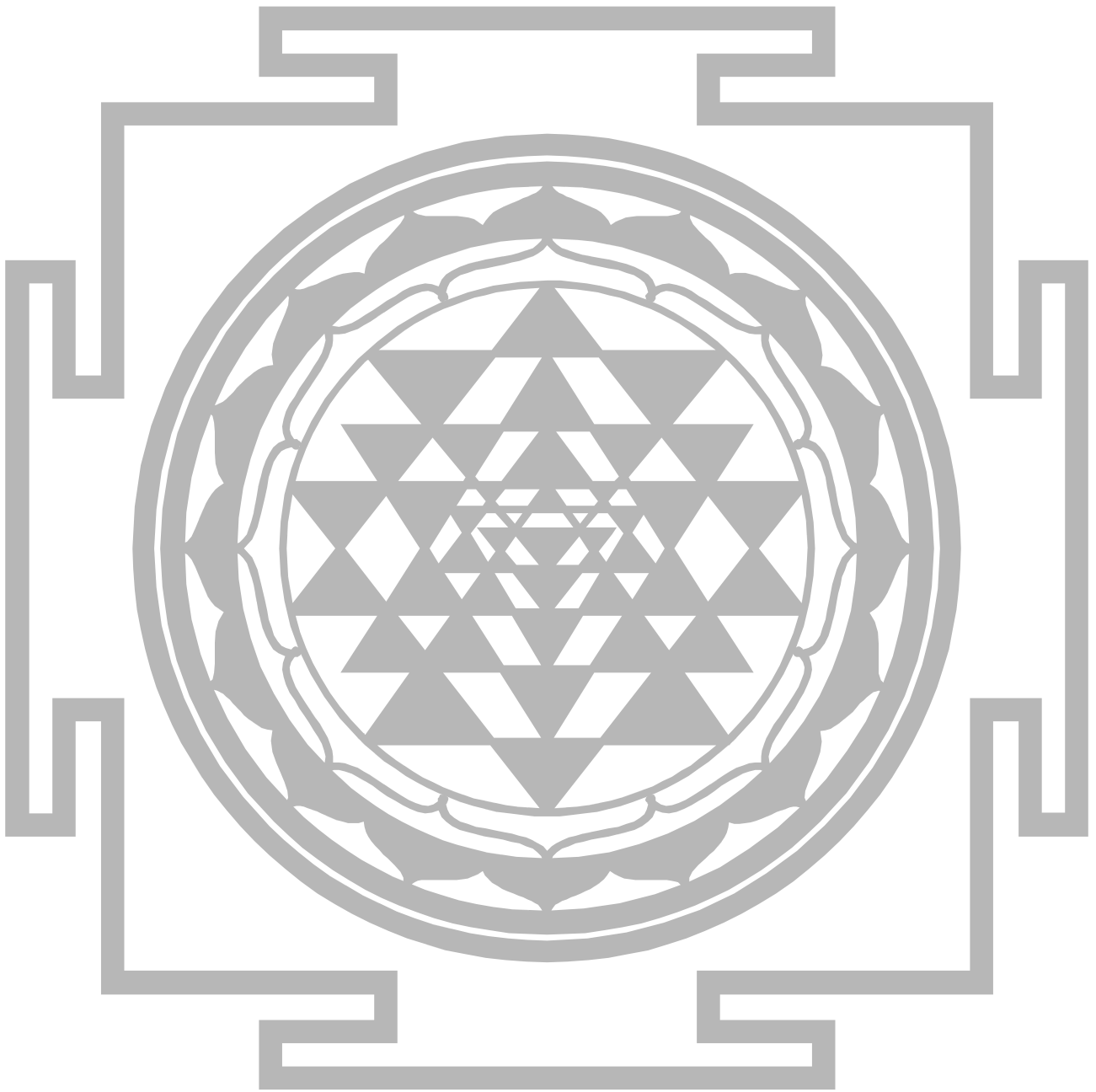
300 Mangrove Creek Road,

Mangrove Creek, NSW 2250

Telephone: 02 4377 1171 F: 02 4377 1219

Email: mangrove@satyananda.net

Website: www.satyananda.net



Om Shree Yantra