



Ananda Sanga Educational Institute (ASEI)

APPLICATION FORM: MYYO

Please forward your fully completed application form, inclusive of attachments and your application portfolio.

STUDENT DETAILS:

| | | |
|------------------|-------------------|---------------------------------|
| Full names | _____ | |
| Nationality | _____ | Gender _____ |
| Date of birth | _____ | Identity/ Passport Number _____ |
| Physical address | _____ | |
| | Postal code _____ | |
| Postal address | _____ | |
| | Postal code _____ | |
| Telephone home | _____ | Telephone work _____ |
| E-mail address | _____ | Cell number _____ |

MARKETING INFORMATION:

How did you hear about Ananda Sanga Educational Institute and the courses that it offers?



MYYO PRACTITIONER INFORMATION REQUIREMENTS:

| | |
|---|--|
| Post school education: | |
| Present Occupations: | |
| Previous Occupations: | |
| If you are a Yoga Teacher –where did you train? How long? | |
| Have you done body work? Modality? With whom? | |
| Do you have counselling training? If so what? | |

Disclaimer for MYYO: MYYO is a fairly new treatment technique used by therapists, yoga teachers, and lay people and has so far yielded exceptional results for physical problems; however there are no guaranteed results or outcomes in any individual. By using the methods learned in this workshop you are agreeing to take full responsibility for your own well-being, and those you may apply the technique to and realise that healing occurs from within the individual not the healer.

ADDITIONAL INFORMATION:

Please attach or bring the following documentation.

- *Certified copy of ID document (Identification page).*
- *Certified copies of academic transcripts, certificates or diplomas of any additional yoga qualifications.*

Student Code of Conduct:

In applying for registration each student (supported by his/her parent or guardian if he/she has not attained legal majority) agrees:

1. Absolute confidentiality is respected between fellow students, teachers and case studies.
2. No gossip or negative talk. *Simple living and high thinking* at all times.
3. The use of cigarettes, alcohol and other mind-altering substances is not tolerated for the duration of any of the courses. If found, instant expulsion from course with no return of fees.
4. If you drop out of the course, all notes, files, etc must be returned to Ananda Sanga, no fees are reclaimable.
5. All monies are paid up by the first day of attendance at *Ananda Sanga*.
6. Be dressed appropriately at all times.
7. Behave in a way that does not bring the good reputation of the Institute into disrepute.
8. Treat everybody with courtesy and respect, no matter their gender, rank, race, or creed.
9. Be on time for each class.
10. Attend every class.
11. Complete all assignments by the due date.
12. Write all tests and examinations on the dates specified.
13. Obey all instructions by any member of the academic or administrative staff of the Institute.
14. Respect the property and furnishings of the Institute & guard against any activities that could result in damage to any property or harm to any person.
15. Obey the Copyright Act and thus not obtain copy or share study materials without permission.

Health Record

(Please complete this form and mail it with your application)

The following information is requested in order to serve you and us better:

Please indicate whether you have had or currently have the following:

| | Yes | No | | Yes | No |
|-----------------------------|-----|----|-------------------------------|-----|----|
| Rheumatic Fever | | | Chronic cough/ Blood spitting | | |
| TB | | | Joint problems | | |
| Hepatitis | | | Heart trouble | | |
| Mononucleosis | | | High blood pressure | | |
| Typhoid Fever | | | Low blood pressure | | |
| Epilepsy | | | HIV/Aids | | |
| Hernia | | | Backache | | |
| Malaria | | | Addictions | | |
| Frequent headaches | | | Asthma/lung problems | | |
| Frequent colds/sore throats | | | Shortness of breath | | |
| Learning problems | | | Fainting spells/dizziness | | |
| | | | Other: If so what? | | |

| Have you ever been in hospital/clinic? | Yes | No | If so complete below: | | |
|--|-----|----|---|--|------|
| Hospital | | | Type of Disease/operation? | | Year |
| Hospital | | | Type of Disease/operation? | | Year |
| Hospital | | | Type of Disease/operation? | | Year |
| Have you ever been institutionalised for any mental disorder, nervous breakdown, etc or been under the care of a psychiatrist? | Yes | No | If yes please explain, on separate paper: | | |
| Have you ever had any serious injury? | Yes | No | If yes, explain: | | |
| Are you taking any medications? | Yes | No | If yes, specify - and what it is for? | | |
| Are you pregnant? | Yes | No | Comments: | | |
| Do you consider yourself well? | Yes | No | Comments: | | |
| Do you hear/see well? | Yes | No | Comments: | | |

** Please describe details (when, how serious, etc) of 'yes' answers **on a separate sheet.**

Learner's Legal Agreement:

By signing this agreement I/we _____ (student) and

(parent/legal guardian) hereby declare that I/we:

Agreement

- I agree to follow the policy of *Ananda Sanga*, for the duration of the course. If I fail to comply with this policy at any time I may be asked to leave and forfeit all monies paid.
- I wish to learn the teachings of *Ananda Sanga Educational Institute* and the Yoga way of life and agree to teach the method of yoga as taught on this *Ananda Sanga* course.
- Will ensure that I am familiar with and abide with the *Rules and Regulations* that apply to my chosen course.
- I agree to assume full responsibility for any injuries, damages or loss that might occur to my property or me during this time.
- I warrant and represent that I am in good health and have no physical/psychological illnesses or ailments except as stated above and have no addictions to any substances.
- Acknowledge that I will be excluded from lectures, tests or examinations if I do not comply with the attendance and academic requirements of the course.
- I will familiarise myself with the assessment requirements in my programme and will adhere to these requirements regarding tests, assignments, portfolios, year marks, practical's, etc.
- I have supplied the Institute with the full and correct information on all documentation.

Indemnity:

1. The *Institute* shall not be held liable or responsible for any medical and/or other costs, claims or expenses of any course of action decided upon by any member of the Institute staff in the event of the conditions or circumstances referred to in this indemnity, irrespective of whether such a course of action involves any negligent act or omission on the part of the person(s) concerned.
2. I hereby waive all claims against ASEI, the CEO and teaching-staff, as well as non-teaching staff of the *Institute*, acting within the cause and scope of their employment, for any damage or loss suffered while I/our student is or as the consequence of the said student being present on the premises of the *Institute*; and for any damage or loss suffered while the said student is or as a consequence of the said student being present for the purposes and at the said premises of the *Institute*, such damage or loss suffered out of: any loss of health or illness of the said student; loss or destruction or damage to any property etc.
3. I hereby indemnify the *Institute*, the CEO as well as teaching-staff and non-teaching staff of the *Institute* against any claim by any person arising in any way as contemplated in the aforementioned paragraph or in respect of negligent or wilful acts or omissions on the part of said student.
4. I hereby consent that I may participate in all the tours and/or excursions, which may be organised and/or presented by the *Institute*. I hereby indemnify the *Institute* and/or employee(s) of the *Institute* acting within the scope and execution of his/her contract of service with the *Institute* /, against any loss.
5. I hereby delegate all powers and/or duties to the CEO and/or his/her duly authorised agent(s), in so far as consent is or may be required for urgent and/or surgical treatment that I might undergo as a result of any contingency occurring during an excursion and/ or tour and/or when I am on the *Institute* campuses/residences or any other authorised jurisdiction of operation.

I hereby declare that the above-mentioned information on this form is accurate and correct.

Signature of student..... Date:.....

Parent/guardian:..... Date:.....

Assistance with Completing the Application Form

Please note that the Institute does not consider incomplete applications. Before submitting your application, please check that you have done everything on the list below, which applies to you.

1. Fill in all the sections of the form that apply to you.
2. Ensure you meet the minimum admission requirements for the course/training you are applying for.
3. Sign the “**Learner’s Agreement between Student and Institute**” declaring that the information given is complete and correct.
4. Provide your **ID number** and attach a certified copy of your ID document.
5. Attach a certified copy of your highest completed **Academic certificate**.
6. Deposit to include administration fee, which is **Non-Refundable**.
7. **Cancellation:** The deposit can be transferred to the next training (*applicable for 1 year only*). If you cancel within 1 month of the start of the course, you will forfeit your full deposit.
8. If paying electronically, please ensure that the correct details are entered into the reference column i.e. Student number/Student’s name and surname.
9. Banking Details: **Name:** EA Combrinck **ABSA Bank Account number:** 4029713559
10. **Our Reference:** Your name and Course you are applying for.
11. Please email proof of payment to our finance department: info@asanga.org.za

After completion please send or email your registration form to:

ASEI

7 Durban Drive, Somerset West, 7130

Tel: 021 855-1470

Email: info@asanga.org.za

Web: www.asanga.org.za

