Foundation Programme Application Form: September – December 2023

Name: Pronouns: Date of birth:

Email address: Phone number:

Home address:

Current work/profession:

Experience of yoga and/ or meditation (e.g years, teachers, styles):

Why would you like to take this course?

Do you have a current sadhana (personal practice)?

Are you able to commit to a daily practice for the next 4 months?

Chosen payment option (please tick) : 1. 2. 3. 4. (please contact us for concessions)

Please make payment to: Account Name: **Satyam Yoga Reach Ltd**: Account Number: **20466747** - Sort Code: **60-83-01**

Signed: Dated:

Thank you for your application. Please return the completed form to Chiraswa at Jo@satyamyogacentre.co.uk