



**Parkmore Institute**  
www.ParkmoreInstitute.org

**Barnaby B. Barratt, PhD, DHS, ABPP**  
Director of Studies  
Director@ParkmoreInstitute.org

**APPLICATION FOR DOCTORAL DEGREE FROM THE PARKMORE INSTITUTE**

Please complete this form in full and send it, along with the additional document specified below, as a PDF file, to [Director@ParkmoreInstitute.org](mailto:Director@ParkmoreInstitute.org) — if you do not receive a response within 10 working days, kindly write to [DrBarnabyBBarratt@Yahoo.co.za](mailto:DrBarnabyBBarratt@Yahoo.co.za) as occasionally administrative glitches do occur. Along with your application materials, you must also send prove of payment of the application fee — your application cannot be considered without such payment, as the Parkmore Institute needs to cover its administrative costs. Please contact the Director if you have any difficulties or exceptional challenges with these arrangements.

Before completing this application, please examine the information provided on [www.ParkmoreInstitute.org](http://www.ParkmoreInstitute.org) (especially please note the special requirements for the Doctorate in Psychoanalytic Studies).

NAME: \_\_\_\_\_  
*(Please print clearly and write your name as you would prefer it to appear on a diploma)*

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

\_\_\_\_\_  
*(on completion of your degree, your diploma will be couriered to this address)*

Email(s): \_\_\_\_\_

Cellphone/Landlines (with country code): \_\_\_\_\_

Circle the degree for which you would like to study:

- |                                     |       |
|-------------------------------------|-------|
| Doctor of Human Sexuality           | DHS   |
| Doctor of Bodymind Healing          | DBH   |
| Doctor of Psychoanalytic Studies    | DPsa  |
| Doctor of Psychosocial Intervention | DPSoc |

For our records (*confidential*)... Your Date of Birth: \_\_\_\_\_

Your Gender: \_\_\_\_\_

Your Country of Birth: \_\_\_\_\_

Your Current Nationality: \_\_\_\_\_

*...please turn over to second page...*

Title of Doctoral Project (or brief statement of the topic area you wish to study):

\_\_\_\_\_

Do you have any preferences as to Faculty Mentor(s) with whom you might wish to work?

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◇ Upon receipt of degree, I will make use of the appropriate initials after my name, signifying that I am a “Doctor of ...”

◇ Upon receipt of degree, I give the Parkmore Institute the right *in perpetuity* to publish my doctoral project on its website, or information pertinent to this project. I further agree to give the Parkmore Institute permission to publish on its website my headshot photo along with a brief biosketch of approximately 300 words.

◇ Upon receipt of degree, I agree to be listed as a “Fellow of the Parkmore Institute” with the understanding that this honorary affiliation may be withdrawn at the discretion of the Institute’s Director of Studies should, at any time in the future, either I engage in any activities that would bring the Parkmore Institute into disrepute or I am no longer aligned with the Parkmore Institute’s values and goals.

Today’s Date: \_\_\_ / \_\_\_ / 20\_\_\_ My signature: \_\_\_\_\_  
(day/month/year)

Please ensure that accompanying this application are:

- A professional biosketch of up to 1000 words  
(the Director of Studies reserves the right to edit this when the degree is earned).
- A professional headshot photograph in an uploadable format for the Institute’s website.
- A copy of your full Curriculum Vitae (retained only for the Parkmore Institute’s records).
- Proof of payment of the Application Fee. This must be paid in USD (USA \$) wired to the Institute’s bank account:

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**CITIBANK USA Account: 999 3898 337**

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**ABA: 021 0000 89 / 205 1381**

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**SWIFT address: CITIUS33**