

PASSPORT
PASSEPORT

CANADA



Passport No./N° de passeport
AM598167



Type/Type
P
Sumatra
BABIRYE-SEBUDE

Given names/Prénoms
TENDO NANGA

Nationality/Nationalité

CANADIAN/CANADIENNE

birth/Date de naissance

APR / AVR 03

Place of birth/Lieu de naissance

F
TORONTO CAN

Date of Issue/Date de délivrance

10 FEB / FÉV 22

Date of expiry/Date d'expiration

10 FEB / FÉV 32

issuing Authority/Autorité de délivrance

GATINEAU

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AM598167<2CAND304085F3202104<<<<<<<<<<<<<<<02

EMO48515



Ontario

Ontario Scholar Mérite scolaire de l'Ontario

This award designates as an Ontario Scholar
Le Mérite scolaire de l'Ontario est décerné à l'élève

Tendo Babirye

who has obtained an average of at least eighty percent in any six Grade 12 University Preparation,
University/College Preparation, College Preparation, Workplace Preparation, Open, Cooperative Education
or College-delivered Dual Credit courses; or Ontario Academic Courses.

qui a obtenu une moyenne d'au moins quatre-vingts pour cent dans six cours de 12^e année : : cours préuniversitaires,
cours préuniversitaires/précollégiaux, cours précollégiaux, cours préemploi, cours ouverts, cours d'éducation coopérative,
cours à double reconnaissance de crédit offerts par un collège, cours préuniversitaires de l'Ontario.

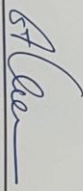


Dated at Toronto this
Fait à Toronto ce

30th

day of
jour du mois de

June, 2021


Minister of Education / Ministre de l'Éducation

Purpose of this form

This form is used to collect information about your disability, including documentation from your health care provider (physician or other regulated health care professional). This information is used to verify your status as a person with a disability for Ontario Student Assistance Program (OSAP) purposes.

If verified, you may:

- Get additional disability-related funding or the rules for getting OSAP may be adjusted (such as allowing a reduced course load).
- Qualify for funding through the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment for Students with Permanent Disabilities (CSG-PDSE). These two programs help eligible students in full-time or part-time studies with the costs of their disability-related educational services and equipment, such as note-takers, tutors, or assistive technology. You must submit a BSWD/CSG-PDSE application to be considered. The application is available on the OSAP website (ontario.ca/osap). Students in micro-credential studies are not eligible for the BSWD and/or CSG-PDSE.

Help is available

The Office for Students with Disabilities or the financial aid office at your school can help you with any questions about this form. The Office for Students with Disabilities can also provide information about disability-related equipment, supports, and services available at your school. For more information, see the “Questions?” section on page 2.

How to complete this form

There are two parts to this form: Section A and Section B.

- Fill out Section A, including the consents and declarations that you must sign and date.
- Section B is completed by your health care provider (physician or other regulated health care professional whose scope of practice includes diagnosing) about your disability. Send all pages of Section B to your health care provider to complete.

Normally, you are only required to have this form completed once. Your health care provider may charge you a fee for completing the form. You are responsible for paying this fee.

How to submit this form

Submit both Section A (completed by you) and Section B (completed by your health care provider).

Upload it online:

Log into your OSAP account at ontario.ca/osap and use the “Print or upload documents” feature.

Send the form:

Send all sections of this form to the financial aid office at your school.

If you are sending in a paper copy, keep a copy of your form and related documents for your own records.

The privacy of all disability information is protected by the ministry under the *Freedom of Information and Protection of Privacy Act*.

Deadline to submit this form

If you have submitted an OSAP Application for Full-Time Students or OSAP Application for Part-Time Students, this completed form must be received by your financial aid office no later than 40 days before the end of your study period.

If you have submitted an OSAP Application for Micro-credentials, this completed form must be received no later than 5 days after the end of your study period.

Questions?

If you need help with this form, contact the financial aid office at your school.

The Office for Students with Disabilities can also help you with questions about how to complete this form. This office will also be able to provide information on other disability-related supports and services available at your school. You may be required to provide them with additional documents when you discuss your disability-related needs for attending school.

Section A: Student information (to be completed by the student)

What is the name of the school you plan to attend?

Y O R K U N I V E R S I T Y

Social Insurance Number:

5 4 1 5 3 3 6 4 2

Student number at your school:

2 1 8 7 6 3 9 0 4

Ontario Education Number (OEN), if assigned to you:

4 3 2 5 4 9 3 0 1

Last name:

B A B I R Y E

First name:

T E N D O

Date of birth:

Day Month Year

0 8 0 4 2 0 0 3

Mailing address

Street number and name, rural route, or post office box:

3 9 B R O K W E L L

Apartment:

4 1 7

Street number and name, rural route, or post office box:

Province or state:

O N

City, town, or post office:

N O R T H Y O R K

Postal code or zip code:

M 3 M 2 Y 4

Country:

C A N A D A

Area code and telephone number:

6 4 7 6 2 8 7 6 7 5

Section A: Consents and declarations of student

Part 1: Required consents and declarations

- I agree that until my loans, overpayments, and repayments, including any micro-credential student loans or micro-credential grant overpayments, are assessed and repaid, the Ministry of Colleges and Universities (ministry) can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of the Ontario Student Assistance Program (OSAP) and Canada Student Financial Assistance Program (CSFA Program) with: Employment and Social Development Canada (ESDC); Canada Revenue Agency (CRA); National Student Loans Service Centre (NSLSC); my postsecondary school and its authorized financial administration agents and auditors; bodies that administer programs identified on this form; other parties used by the ministry to administer and finance OSAP; ESDC's contractors and auditors; collection agencies operated or retained by the federal or provincial governments; and consumer reporting agencies.
- I certify that the information provided on this form is accurate and complete, to the best of my knowledge. I understand that it is an offence to make a false or misleading statement and furthermore, that the ministry may restrict me from receiving disability-related assistance under OSAP in the future, and may take legal action and may require me to repay any disability-related OSAP funding that I received as a result of any false or misleading statement.
- I authorize the physician or other regulated health care professional who has completed Section B of this form to provide the requested personal health information to the ministry and my postsecondary school and, if required by the ministry or my postsecondary school, to provide additional personal health information relating to my disability or disability-related needs.
- I authorize the ministry and my postsecondary school to contact the physician or other regulated health care professional if the personal health information provided by him or her is not clear or is illegible. This authorization is limited and does not extend to allow the ministry or my postsecondary school to gather any personal health information from my physician or other regulated health care professional that is not related to this form or any related documentation that I have submitted.
- I understand that information I provide, including the personal health information provided by my physician or other regulated health care professional, may be verified and audited and, for these purposes the ministry may conduct inspections and investigations.

Note: if you are completing this form electronically, use the "Fill & Sign" feature in Adobe Reader or your PDF program to add your signature.

Student's signature:

Date:

Day Month Year

Tendo Babirye

3	1	2	2	0	21
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Part 2: Optional consent and declaration of student

Sign and date this section only if you agree that your disability-related information on this form can be shared with your school's Office for Students with Disabilities.

Why would this be helpful?

- Giving your consent for the information on this form to be shared with your school's Office for Students with Disabilities may assist this office in discussing available supports, services and accommodations with you.
- This would be particularly helpful if you are in full-time or part-time studies and intend on applying for the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment for Students with Permanent Disabilities (CSG-PDSE). (Note: students in micro-credential studies are not eligible for the BSWD and/or CSG-PDSE).

I authorize the financial aid office at my school and the Ministry of Colleges and Universities to disclose the personal information related to my disability (as provided on this form) to my school's Office for Students with Disabilities if it's required to determine my eligibility for the Ontario Bursary for Students with Disabilities and/or the Canada Student Grant for Services and Equipment for Students with Permanent Disabilities.

Note: if you are completing this form electronically, use the "Fill & Sign" feature in Adobe Reader or your PDF program to add your signature.

Student's signature:

Tendo Babirye

Date:

Day Month Year

3 | 1 | 2 | 2 | 0 | 2 | 1

The personal information you and your physician or other regulated health care professional provide in connection with this form, including your Social Insurance Number (SIN), is collected and used by the ministry to determine your eligibility for disability-related assistance under the Ontario Student Assistance Program (OSAP).

Your personal information will be used to administer and finance OSAP as set out in the notice of Collection and Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.

Section B: Verification of patient's disability

To be completed by the student's health care provider (physician or other regulated health care professional).

The information provided on this form is used to determine your patient's status as a person with a disability and their eligibility for disability-related funding and/or accommodations under the Ontario Student Assistance Program (OSAP). Eligibility is based on the student's disability meeting the definition of permanent disability listed on page 7. Students with temporary disabilities may also be eligible for provincial disability-related funding.

Complete all pages in Section B. Provide clear statements about your patient's disability-related functional limitations and/or restrictions. Avoid such terms as "suggests" or "is indicative of". If more space is required, provide it on your official letterhead and attach it to this document.

Return the completed form and any attachments to your patient.

Patient information

First name:

TENDO

Last name:

BABIRYE

Date of birth:

Day Month Year

0 8 0 4 2 0 0 3

Part 1: Physician or regulated health care professional information

First name:

AMLAN

Area code and telephone number:

6 4 7 6 2 8 7 6 7 5

Last name:

BAJ

905 499 2120 -

ex 2928

Specialty:

Indicate all that apply:

- ☐ Audiologist/Speech-Language Pathologist
 ☐ Chiropractor
 ☐ Neurologist
☐ Nurse Practitioner
 ☐ Occupational Therapist
 ☐ Ophthalmologist
 ☐ Optometrist
☐ Physician – Family
 ☒ Physician – Psychiatrist
 ☐ Physiotherapist
☐ Psychologist or Psychological Associate
 ☐ Rheumatologist

Ontario Licence #:

99955

Official stamp of facility name and address:

Note: If you do not have an office stamp, or are unable to provide one, please sign and attach your letterhead to this form.

Patient first name: TENDO

Last name: BABIRYE


Declaration of physician or regulated health care professional

I certify that the information provided on this form is accurate and the patient identified above experiences the disability-related educational barrier(s) indicated.

Note: if you are completing this form electronically, use the "Fill & Sign" feature in Adobe Reader or your PDF program to add your signature.

Signature of physician or regulated health care professional:

Date:



Dr. A. Das MD, MSc, DipCBT FRCPsych FRCPC
Consultant Psychiatrist TAY Clinic
Peel Memorial Hospital
20 Lynch Street, Brampton ON L6R 3J7
CPSO # 99955 BILLING # 029153-19
T:905-494-2120 ext: 29248 F:905-863-2472

Day Month Year

26 11 2021

Part 2: Patient's disability status

For OSAP purposes, the federal government defines a permanent disability as a functional limitation:

- caused by a physical or mental impairment;
- that restricts a student's ability to perform the daily activities necessary to participate in studies at the postsecondary level or the labour force; and
- that is expected to remain with the student for their whole life.

Does the patient have a disability (either permanent or temporary)?

- ☒ Yes
- ☐ No - See instructions below

If you answered "No" to the question "Does the patient have a disability (either permanent or temporary)", no further information is required. Ensure the physician or regulated health care professional information section is completed, then return the form to the patient.

Choose ONE of the following statements that best describes the patient's disability status.

- ☐ Patient's disability (or disabilities) is temporary.
- ☒ Patient's disability (or disabilities) is permanent, results in functional limitations that impacts their ability to perform daily activities necessary to study at the postsecondary level and is expected to remain for their lifetime.

Patient first name: TENDO

Last name: BABIRYE

Part 3: Nature of patient's disability

Check all that apply:

- ☐ **Acquired Brain Injury**
- ☐ **Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)**
- ☐ **Autism Spectrum Disorder**
(e.g. autism, pervasive developmental disorder)
- ☐ **Functional / mobility impairment**
(e.g. paraplegia, quadriplegia, muscular dystrophy, cerebral palsy, spinal cord injury, spina bifida, multiple sclerosis)
- ☐ **Hearing impairment**
- ☐ **Medical disability**
(e.g. epilepsy, chronic pain, heart condition)
- ☒ **Mental health disability**
- ☐ **Learning disability**

Note: OSAP eligibility criteria require that psycho-educational assessments must have been performed in the last 5 years or since the patient was 18. Individual Education Plans are not considered to be acceptable documentation of a learning disability for OSAP purposes.

Answer the following questions:

Has a psycho-educational assessment been performed by a registered psychologist?

☐ Yes

☐ No

If "Yes", enter the date of the most recent assessment:

Day Month Year

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Was a learning disability confirmed?

☐ Yes

☐ No

☐ **Visual impairment**

☐ **Other disability not indicated above**

Specify: _____

Patient first name: TENDO

Last name: BABIRYE

Part 4: Mobility and movement impacts

Check all that apply:

N / 12

- ☐ Ambulation ☐ Standing ☐ Sitting ☐ Stair climbing
☐ Lifting/carrying/reaching ☐ Grasping/gripping/dexterity
☐ Other - Specify: _____

Describe impact(s):

☐ No mobility and movement impacts

Part 5: Cognitive and/or behavioural impacts

Check all that apply:

- ☒ Attention and concentration ☒ Memory ☒ Information processing (verbal and written)
☒ Stress management ☒ Organization and time management ☒ Social interactions
☐ Communication
☐ Other - Specify: _____

Describe impact(s):

Please give more time on test / exam
& flexible deadlines for assignments.

☐ No cognitive and/or behavioural impacts

How your disability shaped your decision to study the program you chose”

I have a permanent mental illness that has made me a young woman living with a disability, not a disabled woman. As an individual living with a disability, I face a lot of stigmas and struggle with inequities. I have realized there are many individuals living with a disability, and that many similarly to me, cannot afford aid. Understanding firsthand the struggle of being unable to afford resources to aid me with my disability, has driven me and my career path goals immensely. Additionally, having faced neglect and inadequate treatment due to poorly trained institutional workers, I have been motivated to ensure ameliorated life quality for individuals living with mental illnesses. To decide on my field of study, I had to find a common denominator in all of my interests as well as choose a program that would allow me to make a change for others suffering from a lack of resources and treatment for their disability. It was evident that I'd love to pursue a career in health care and that doing so would allow me to make that change. To elaborate, I was specifically interested in the sector of public health. Such as being able to advocate for the health equity of racialized minorities and ameliorate health care systems through an in-depth understanding of medicine and health policy. Additionally, having experienced psychological imbalances has sparked my interest in the field of psychology. Understanding my disability on a neurological level in order to find more effective solutions and treatments, has also played a factor in my program choice. The Global Health program at York University offers me many opportunities, education and networking, all whilst incorporating my love of public health, psychology, social services and advocacy. This phenomenal program gives me a chance at a fulfilling future that will allow me to positively impact many people's lives. Some focal points within the program include health disparity, environmental degradation, government & health policy and human rights. Learning about such topics will take me on the path needed to accomplish my career goals and truly make a difference locally and even globally. In the long term, I intend on using my degree to become the leading black female psychiatrist in Ontario. There is a lack of black and female psychiatrists within psychiatric facilities and I would love to change that. I intend on ensuring that children are provided effective therapeutic and medicinal treatment plans despite their financial income, sexuality, other disabilities, ethnicity or race. Rather than giving the patients insufficient treatment or commonly prescribed psychoactive drugs that have daunting side effects, I will find personalized diverse treatment methods that cater to the patient's personal situation, as I believe patients, especially those facing discrimination, deserve to finally feel heard and seen by health care professionals. Additionally, I will be working towards achieving therapy that is funded by the government, as it is reported that over 1.1 million Canadians do not have their mental health needs met due to the inaccessibility of mental health resources. Evidently, I have many ambitions. However, I am certain that all of this is possible with my enrolment and continuation at York University for the global health program.

MY ONLINE SERVICES ▶

Logout

Logged in as tendo12

My Program

Welcome to My Program

Based on your current status, the **My Program** option available to you will be highlighted at the bottom of this page. Before you submit your request, please be absolutely sure that:

1. You have read the background information and instructions for the option you wish to request by clicking on the links above; the information found on these Web sites is critical to the successful completion of your request.

2. Your name and contact information is correct in the top right-hand corner of the page.

Student Number: 218763904

Student Name: Miss Tendo Nanga Babirye

Address: 218 TWIN PINES CRES, Brampton, L7A1N5, Canada

Email: tendo.nanga@gmail.com

[change my contact information](#)

Current Program

Program Title	Last Registered Session	Academic Decision
Faculty of Health, B.Sc., Spec. Hons. Global Health (Health Promotion and Disease Prevention)	Summer 2022	May continue in Honours.

Summary of Requests

Ref. #	Type	Submitted	Requested Program	Session	Status	Action
408068	Change of Major	Mar 16, 2022	Faculty of Health, B.Sc., Spec. Hons. Global Health (Health Promotion and Disease Prevention)	Summer 2022	Request Completed - please refer to the calendar at http://calendars.students.yorku.ca/ or seek advising at the respective Faculty advising office - http://acadresources.yorku.ca/advising.htm Updated: May 19, 2022	

Create new Request

Apply for Non-Degree

Reactivate Record

Program Change

scholarship_for.....docx

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