

SECTION 3:

TECHNOLOGICAL INFORMATION:

Type of Devices	Number of devices in family	Device mainly used by (include full name of user)
Desktop		
Laptop		
Tablet		
Smartphone		
Connectivity at home address	Yes <input type="checkbox"/> No <input type="checkbox"/> Home Internet <input type="checkbox"/> Mobile Data <input type="checkbox"/>	

SECTION 4:

Please ensure that you have attached a utility bill and (i) your stamped payslip/job letter or (ii) two (2) stamped recommendation letters before submitting this form. The recommendations must state whether you are self-employed or unemployed.

If the utility bill is not in your name, a letter of authorization with a form of national identification is required.

I, the undersigned, hereby declare that the particulars I have supplied are true and complete.

Signature of Primary Caregiver: _____ Date: _____

OFFICIAL USE:

Officer's Name: _____

Signature of Officer: _____ Date: _____

.....CUT ALONG THIS LINE.....

RECEIPT:

This receipt is to verify that you have submitted the application form for Device Provision. Please retain.

Primary Caregiver's Name: _____ ID (ID/PD/PP) No. _____

Primary Caregiver Signature: _____

Verified by: (Officer's Name) : _____

Signature of Officer: _____

Date: _____

Place School Stamp Here



Government of the Republic of Trinidad and Tobago
MINISTRY OF EDUCATION
 Education Towers, No.5 St. Vincent Street, Port of Spain, Trinidad
www.moe.gov.tt

DEVICE PROVISION

A SEPARATE FORM MUST BE FILLED OUT FOR EACH STUDENT

Name of Student	First Name	Surname
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Date of Birth (dd/mm/yyyy)		
Home Address		
Name of School		
Class/Form		
Email (where applicable)		

PRIMARY CAREGIVER INFORMATION

Primary Care Giver is the parent or legal guardian of the child. Information should be entered for both parents/guardians if they live in the same household where applicable.

Primary Care Giver # 1

Name	First Name		Surname		
Relationship to student					
Gender	Female <input type="checkbox"/>		Male <input type="checkbox"/>		
Date of Birth (dd/mm/yyyy)					
Status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Common-law <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>
Home Address <i>(Provide recent utility bill as proof of address)</i>					
National Identification	National Identification Card No.	Driver's Permit No.	Passport No.		
Contact information	Mobile	Land Line	E Mail Address		

Primary Care Giver # 2

Name	First Name		Surname		
Relationship to Student					
Gender	Female <input type="checkbox"/>		Male <input type="checkbox"/>		
Date of Birth (dd/mm/yyyy)					
Status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Common-law <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>
Home Address <i>(Provide recent utility bill as proof of address)</i>					
National Identification No.	National Identification No.	Driver's Permit No.	Passport No.		
Contact information	Mobile	Land Line	E Mail Address		

CHILDREN INFORMATION:

	Number of dependents aged 3-18 of the primary caregivers (including applicant listed in Section 1 (a))					
	Name of child	Age	Relationship to Applicant	School Level (ECCE, Primary, Secondary)	Name of school	Owns Device Yes/No
1.						
2.						
3.						
4.						
5.						

Total devices applied for under the DEVICE PROVISION programme _____

SECTION 2:

CAREGIVER FINANCIAL INFORMATION:

For self-employed persons, an average of their monthly income over the last 3 months should be given.

Caregiver #1					
Employment Status					
Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Self-employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>	Other, please state:	
Occupation					
Name and Address of Employer					
Monthly (average) Income	Salary: \$			Government Grants: \$	
Caregiver #2					
Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Self employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>	Other, please state:	
Occupation					
Name and Address of Employer					
Monthly Income	Salary: \$			Government Grants: \$	

For employed persons, a current job letter/payslip (not older than 3 months and stamped by the employer) is required. For unemployed or self-employed persons, submit **TWO (2)** stamped recommendation letters.

The Recommender must not be an immediate relative of the applicant.

The Recommender must be included in one of the following categories:

- Minister of Religion registered under law to perform marriages.
- Managing Director, Director and Managers of Banks and companies.
- Member of Parliament, Mayor, Borough or County Councillor.
- Notary Public or Justice of the Peace or Commissioner of Affidavits.
- Senior Public Servants (Range 30 and above).
- Police Officer (Corporal and above rank) (Include Regimental Number).
- Fire Sub-Officer and above rank (Include Regimental Number).
- Prison Officer II and above rank (Include Regimental Number).
- Member of the Defence Force (Corporal/Leading Seaman and above rank)
- School Principal, Vice-Principal, Lecturer, Graduate Teacher (Teacher I and above rank)

These letters/recommendations should verify that the applicant is unemployed or self-employed and state the profession (if self-employed).