

COVID-19 Device Support Application

Program Description

As a result of the COVID-19 pandemic, our members have had to adapt to a new virtual world; gatherings, workshops and face-to-face is now often conducted online. To support our membership, the Band will host a random draw to give away 118 Lenovo Tab M10 FHD Plus (2nd Gen). These devices will enable our members to easily access such things as virtual mental health counselling, virtual cultural programming offered by the Band, online learning for students and youth, as well as provide the convenience of paying bills online.

Eligibility

- The device support program is open **to members in Canada only**.
- Individuals under the age of 16 will require **parental consent**.
- Successful applicants will be required to **submit proof of residence** (ex. piece of Id with address, mail with name/address, etc.)

Application Process

- Online application collection will be open for three weeks: **April 19th - May 10th, 2021. The deadline for applications is May 10th, 2021 at 11:59pm NT.**
- Paper/Mail-in applications will need to be post marked by **May 10th, 2021**.
- Paper/Mail-in applications will not be accepted after **May 17th, 2021**.
- **Limit of one application per member**, duplicate applications will be removed or deleted. In the event of duplicate applications received, QFN will consider the first application as the valid application all others will be removed or deleted from the draw.
- All applications will require: Name, Accurate Shipping/Mailing Address, Physical Address, Band Number, Date of Birth, Phone Number and/or email. **Incomplete applications will be removed from the draw.**
- **Limit of one device per household**. If additional applications are drawn from the same household, they will be ineligible.
- A random draw will take place on **May 21st, 2021**.
- Only the successful applicants will be contacted.

Successful Applicants

- The supplier will ship directly to the successful applicant who will then be required to sign for the device. In cases where successful applicant is near the supplier, home delivery or curbside pick may be an option.

Please note:

- QFN is not responsible for any damage, lost, or misplaced devices.
- Warranty is with the device manufacturer and not supplier or QFN.



Qalipu
FIRST NATION

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Please complete all sections of the application. Applications that are unsigned or incomplete will NOT be accepted. Faxed applications will NOT be accepted.

If you require assistance, please contact a member of our COVID-19 Support Team at 709-634-5163 or covidsupport@qalipu.ca

Section 1 – Applicant Details

Applicants Full Name: _____

Band registration Number:

(10-digits found on your SCIS card)

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Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

E-mail: _____

Is the Applicant a minor? (under age 16)

(If the successful applicant is a minor, parental consent is required to receive the device)

Yes

No

Mailing Address

Street/P.O. Box:

City/Town:

Province:

Postal Code:

Civic Address:

Street/P.O. Box:

City/Town:

Province:

Postal Code:

Applicant's mailing address and civic address are the same. Please use the mailing address provided above for the civic address.

Section 2 – Additional information

How would receiving this device benefit you?

(Please check all that apply)

Attending classes online (k-12, post-secondary)

Accessing Health Services

Participating in cultural workshops online

Paying bills or shopping online

Connecting with family and friends

Working from home

Other: _____

Please use the information I've provided here to update my membership profile and send my voter information package in the mail at election time.

Yes

No



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Section 3 - Authorization and Signature

Qalipu First Nation requires your authorization to collect information from you for services provided to you. I authorize the release of any records that are relevant to the processing of this application to Qalipu First Nation, its agents or contractors, or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** ___/___/___
(Signature is mandatory) dd/mm/yyyy

Mail this completed form along with receipts (if applicable) to:

Qalipu First Nation
3 Church Street
Corner Brook, NL A2H 2Z4

Faxed claims will be returned, and a mailed copy will be requested.

Privacy statement

Qalipu First Nation also requires your authorization in order to collect information from you for services provided to you and paid for by the Band. Qalipu First Nation is committed to protecting your privacy and safeguarding the personal information in its possession. When a request to provide coverage for benefits is received, Qalipu First Nation collects, uses, discloses, and retains your personal information in accordance with the applicable federal privacy laws and policies.