Report of Vacancies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       |  |  | To: | Central Referral System for Rehabilitation Services |
|  | *(Name of Rehabilitation Unit)* |  |  |  | Subsystem for the Ex-Mentally Ill |
|  |       |  |  |  | Room 901, 9/F Wu Chung House |
|  | *(Name of Organization)* |  |  |  | 213 Queen’s Road East |
| Ref.: |       |  |  |  | Wanchai, Hong Kong |
| Tel.: |       |  |  |  |       |
| Fax: |       |  |  | Tel.: | 2892 5136 |
| Date: |       |  |  | Fax: | 2893 6983 |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       | / |       | / |       |

1. Number of vacancies as at (*DD/MM/YYYY*)

|  |  |  |
| --- | --- | --- |
| Service | Day only | Residential only |
| Sex | F / M / Both\* | M | F |
| (a) Capacity  |     |     |     |       |       |
| (b) Enrolment |     |     |     |       |       |
| (c) No. of referral(s) approved and pending admission |     |     |     |       |       |
| (d) No. of referral(s) being processed |     |     |     |       |       |
| (e) No. of immediate vacancy |     |     |     |       |       |
| Remarks |       |       |

\* Please delete as appropriate

2. Number of vacancies anticipated in forthcoming 2 months (excluding those reported in item 1):

|  |  |  |
| --- | --- | --- |
| Service | Day only | Residential only |
| Sex | F / M / Both\* | M | F |
| Vacancies |     |     |     |       |       |
| Available date(s) |       |       |
| Remarks |       |       |

|  |  |
| --- | --- |
| Signature: |       |
| Name: |       |
| Post: |       |