Report of Vacancies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  |  |  | To: | Central Referral System for Rehabilitation Services Subsystem for Small Group Home for Mildly Mentally Handicapped Children Social Welfare Department 9/F Wu Chung House 213 Queen’s Road East Wanchai, Hong Kong |
|  | *(Name of Rehabilitation Unit)* |  |  |
|  | *(Name of Organisation)* |  |  |
| Ref.: | *(Address of Rehabilitation Unit)* |  |  |
| Tel.: |  |  |  |  |
| Fax: |  |  |  | Tel.: | 2892 5134 |
| Date: |  |  |  | Fax: | 2893 6983 |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Number of vacancies as at |  | *(date)*: |

|  |  |  |
| --- | --- | --- |
| Service | Residential | |
| Sex | 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 referral(s) CRSRehab-SGHMMHC can send (a – b – c – d) |  |  |
| Remarks |  | |

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

|  |  |  |
| --- | --- | --- |
| Service | Residential | |
| Sex | M | F |
| Vacancies |  |  |
| Available date(s) |  |  |
| Remarks |  | |

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