Report of Vacancies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       |  |  | To: | Central Referral System for Rehabilitation ServicesSubsystem for Small Group Home for Mildly Mentally Handicapped ChildrenSocial Welfare Department9/F Wu Chung House213 Queen’s Road EastWanchai, 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: |       |