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 | | Day cum residential | |
| Sex | F / M / Both\* | | | M | F | 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 | | Day cum residential | |
| Sex | F / M / Both\* | | | M | F | M | F |
| Vacancies |  |  |  |  |  |  |  |
| Available date(s) |  | | |  | |  | |
| Remarks |  | | |  | |  | |

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