

This document is subject to periodic update as needed. The online version shall always apply. (Aug 2017 version)

**Restricted**

**CRM-F1**  
**Application Form for Placement in**  
**School for Social Development/Residential Home**

<<Click here to download the e-Form>>

For day placement: Please return the completed form to SI(SES2)2, Special Education Support 2 Section, Room 201, East Block, Education Bureau Kowloon Tong Education Services Centre, 19 Suffolk Road, Kowloon Tong, Kowloon. (Fax. No.: 2760 4191, Tel. No.: 3698 3727)

For day and residential placement/after-school care programme in residential service: Please complete the form **in duplicate**. One copy is to be returned to SI(SES2)2 of EDB (Fax. No.: 2760 4191, Tel. No.: 3698 3727) and the other copy to SS(C)2, Corrections Section, Social Welfare Department, Room 735, Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong. (Fax. No.: 2833 5861, Tel. No.: 2892 5106)

**I. Personal Particulars of the Student**

1. Name: \_\_\_\_\_ (Chinese: \_\_\_\_\_)
2. Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
3. H.K.I.C./B.C. No.: \_\_\_\_\_ Place of birth: \_\_\_\_\_
4. Student Reference No. (STRN): \_\_\_\_\_
5. Address in English: \_\_\_\_\_  
\_\_\_\_\_
- Address in Chinese: \_\_\_\_\_  
\_\_\_\_\_ Home Tel.: \_\_\_\_\_
6. Name of parent/guardian: \_\_\_\_\_ (Chinese: \_\_\_\_\_)
7. Parent’s/Guardian’s mobile phone number: \_\_\_\_\_
8. SWD/NGO/EDB file ref. no. (if any): \_\_\_\_\_
9. Health Conditions:  Satisfactory  Unsatisfactory \*Please specify problem(s) \_\_\_\_\_  
\_\_\_\_\_
10. Name of School attending/last attended: \_\_\_\_\_  
\_\_\_\_\_ Highest class level: \_\_\_\_\_ ( / school year)

**II. Suggested Placement** (Please tick the appropriate box(es))

	<b>FOR OFFICIAL USE ONLY</b>
1. Day Placement	Placement in a school for social development is/is not recommended
2. Day & Residential Placement	
3. Day Placement & After-School Care Programme in Residential Service	( )
Please tick the box on the left-hand side and complete Declaration (2) for the follow-up service and arrangements if application for the above option 1, 2 & 3 is <b>Short-term Adjustment Programme</b>	for Vetting Committee of CCRM
	Date: _____

Please tick the appropriate box to indicate the school preferred, if any:

- Tung Wan Mok Law Shui Wah School
- The Society of Boys' Centres – Chak Yan Centre School
- The Society of Boys' Centres – Hui Chung Sing Memorial School  
(for day placement only)
- The Society of Boys' Centres – Shing Tak Centre School
- Hong Kong Juvenile Care Centre Chan Nam Cheong Memorial School
- Caritas Pelletier School
- Marycove School
- Caritas Mother Teresa School

**III. Other information about the student**

Please tick the appropriate box(es).

1. Record of attendance     Regular     Irregular     Non-attending since (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks (if any): \_\_\_\_\_

2. Student     was suspended from school     was asked by the school to withdraw  
                   withdrew of own accord     is attending school

3. Student's intention to resume/continue schooling     Low     Average     High

4. Academic performance    Pri.  Failed poorly in basic subjects     Below average in basic subjects     Satisfactory  
  Sec.  Failed poorly in basic subjects     Below average in basic subjects     Satisfactory

Please describe the student's school/learning history and academic attainment.

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5. Intellectual Assessment    Name of assessment tool: \_\_\_\_\_    Date of assessment: \_\_\_\_\_    Full Scale IQ: \_\_\_\_\_

\* If the student has not been assessed, please estimate his/her general intellectual abilities.

- Average     Suspected slow learning

6. Student's special educational needs (if applicable):

(e.g. specific learning difficulties, attention deficit/hyperactivity disorder, autism spectrum disorders (e.g. Asperger's syndromes, atypical autism, pervasive developmental disorder, etc.), physical disability, visual impairment, hearing impairment, speech and language impairment, etc.)

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7. Behaviour	Pri.	<input type="checkbox"/> No obvious problem	<input type="checkbox"/> Psychological problem(s)	<input type="checkbox"/> Mild behavioural problem(s)	<input type="checkbox"/> Severe behavioural problem(s)
	Sec.	<input type="checkbox"/> No obvious problem	<input type="checkbox"/> Psychological problem(s)	<input type="checkbox"/> Mild behavioural problem(s)	<input type="checkbox"/> Severe behavioural problem(s)

Please describe the student's social, emotional and behavioural problems. Illustrate with concrete examples and state clearly in what circumstances these problems are more severe and how frequently they occur. (Please use a separate sheet, if needed.)

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8. Main problems (please refer to P. 10 for the codes)

Characteristics of behaviour: \_\_\_\_\_ Code: \_\_\_\_\_

Mild     Moderate     Severe

9. Other problem(s) (please refer to P. 10 for the codes)

Characteristics of behaviour: \_\_\_\_\_ Code: \_\_\_\_\_

Mild     Moderate     Severe

10. Statutory supervision record:  No  Yes  In process

(a) Police Superintendent Discretionary Scheme

Offence: \_\_\_\_\_

Period: \_\_\_\_\_

(c) Probation Order

Offence: \_\_\_\_\_

Period: \_\_\_\_\_

Has been admitted to Probation Home:  Yes  No

Period: \_\_\_\_\_

(b) Care or Protection Order

Reason: \_\_\_\_\_

Period: \_\_\_\_\_

Residential care has been provided:

Yes

No

(d) Others (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. History of drug abuse (if applicable):

Please provide details of drug abuse and follow-up service provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Work experience (if applicable):

\_\_\_\_\_

13. Student's strengths and potentials:

\_\_\_\_\_

14. Record of previous school/residential placement, if any (Please state the period of placement, the performance of the student and the reasons for discharge):

\_\_\_\_\_  
\_\_\_\_\_

15. History of abscondence from home (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Record of student's emotional/psychological/mental health problems (if applicable):  
(e.g. suicidal tendency, anxiety disorder, depression, obsessive compulsive disorder, psychosis, etc.)  
Please provide details of the problems and follow-up service provided.

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17. Others (if applicable):  
(Student has been involved in indecent activities, e.g. trafficking of counterfeit goods, drug trafficking, compensated dating, triad activities, etc. Please provide details of the incident, follow-up service provided and current situation.)

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**IV. Family Support**

1. Family background (may tick more than 1 box):

- |   |  |
|---|--|
| <input type="checkbox"/> intact family                  | <input type="checkbox"/> parent(s) in prison                     |
| <input type="checkbox"/> single parent/split family     | <input type="checkbox"/> parent(s) mentally unstable             |
| <input type="checkbox"/> living with relatives          | <input type="checkbox"/> parent(s) with disability or ill health |
| <input type="checkbox"/> parent(s) remarried            | <input type="checkbox"/> parent(s) with chronic illness          |
| <input type="checkbox"/> parent(s) with marital discord | <input type="checkbox"/> parent(s) with criminal conviction      |
| <input type="checkbox"/> others (please specify): _____ |  |

2. Particulars of family members and relatives living with the student (please also provide the particulars of the guardian if he/she is not living with the student):

Name		Relationship with student	Sex	Age / Date of Birth	Occupation
(English)	(Chinese)				

3. Attitude of parents/guardian towards the student:

Supportive and committed

Indifferent

Rejecting

Supportive but ineffective

Neglectful

Abusive

4. Overall impression on family support:

Adequate

To be improved

Inadequate

5. Please describe the student's relationship with family members/their ways of communication and parenting style with concrete examples.

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6. Parents'/guardian's willingness to co-operate with professional counsellors:

Willing to take advice

Unmotivated to seek/  
follow advice

Reject  
professional help

7. Please describe the significant events in the family leading to the need of the student for residential placement or after-school care programme in residential service. This item must be completed for application for residential placement or after-school care programme in residential service.

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8. Please choose one below (\*delete as appropriate). This item must be completed for application for residential placement or after-school care programme in residential service.

The case has been / will be\* referred to casework service unit (e.g. Integrated Family Service Centre, Medical Social Services Unit, Family and Child Protective Services Unit and Probation and Community Service Orders Office) for follow up throughout the placement period.

Casework Service Unit: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Contact Tel: \_\_\_\_\_

The organisation to which the referrer of this application belongs will provide casework service to the student and the family, and will follow up the needs of the student after he/she has been admitted to the residential home.

V. **Have the school personnel, social worker, guidance personnel or other professionals rendered support to the student?** If yes, please give a detailed account of the support and the effectiveness. (Please use separate sheet if necessary.)

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VI. **Previous services from the Education Bureau/Social Welfare Department/Department of Health/Hospital Authority/Non-governmental Organisation sought:**

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VII. **Report(s) attached:** (please tick as appropriate)

The referrer should submit copies of the below reports on the student, when available, to the related school for social development/residential home for reference together with the application form. Consent from the parents/guardian or the report issuing agencies should be obtained before submission.

Yes, the following report(s) is/are attached:

- |   |  |
|---|--|
| <input type="checkbox"/> Latest school report               | <input type="checkbox"/> Medical report        |
| <input type="checkbox"/> Psychologist's/counsellor's report | <input type="checkbox"/> Psychiatrist's report |
| <input type="checkbox"/> Others (Please specify: _____)     |  |

No

**VIII. Student's attitude towards the referral and participation during the process:**

- Accepted the referral
- Accepted the referral with counselling
- Reluctantly accepted the referral; referrer will provide continuous counselling
- Not ready to accept referral but referrer will provide continuous counselling
- Uncertain (referrer will gather the latest state of the student and obtain the consent of the student within one week)

**IX. Parents'/guardian's attitudes towards the referral and participation during the process:**

- Accepted the referral
- Accepted the referral with counselling
- Accepted the referral with some reservation; referrer will provide continuous counselling
- Did not accept the referral even with counselling ( but referrer is applying/ has applied for the Order concerned to assist student's application for the service) (Please refer to Item III (10) for details.)
- Uncertain ( but referrer is applying/ has applied for the Order concerned to assist student's application for the service) (Please refer to Item III (10) for details.)

**X. Future plan and follow-up service for the student formulated by the referrer (e.g. long-term and short-term goals, estimated period of family reunion):**

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**XI. Present residential placement of the student: (tick one box only)**

- at home       at relatives' home       in hospital       under the care of child-minder
- in residential unit/foster home (please specify: \_\_\_\_\_)
- in remand home/place of refuge (please specify: \_\_\_\_\_)  
period of remand: \_\_\_\_\_  
date of next court hearing: \_\_\_\_\_
- others: (please specify): \_\_\_\_\_



**Declaration:**

(1) I confirm that consent has been obtained from parents/guardian to this referral for placement in a school for social development/residential home or I am applying/ have applied for the Order concerned to assist student's application for the service.

(2) Applicable to the application for Short-term Adjustment Programme (including the application for day placement/ day & residential placement/ day placement & after-school care programme in residential service) (please tick the appropriate box) (Choose only ONE Item below):

(i) Referrer who is a student guidance teacher/officer/ personnel or school social worker:

I confirm that our school will provide the following follow-up service and arrangements for the student:

- (1) Our school shall retain the student's school place so that he/she can be reintegrated into our school upon completion of the short-term adjustment programme;
- (2) Personnel of our school will participate in the quarterly review meetings to evaluate the student's progress; and
- (3) Upon completion of the short-term adjustment programme, our school will follow up on the reintegration arrangement of the student.

**IF the STUDENT IS STUDYING P.5 OR P.6,**

- (4) The student and the parents/guardian have noted that the student has to return to our school to sit for the examinations of which the results will be used for the "Secondary School Places Allocation System". If alternative follow up arrangement is necessary, our school would further consult parents/guardian to obtain their consent prior to proceed with the arrangement.

(ii) Referrer who is a social worker of integrated family service centre or other casework service units ( \*please delete as appropriate) :

I have obtained written consent from the original school, confirming the follow-up service and arrangements of the above \* items (1) to (3) / (1) to (4) for the case.

I will obtain written consent from the original school, confirming the follow-up service and arrangements of the above \* items (1) to (3) / (1) to (4) for the case before the vetting of the application.

Signature of referrer:

Countersigned by

SWO/Centre-in-charge/School Head:

\_\_\_\_\_

\_\_\_\_\_

(Name in block letters)

(Name in block letters)

Position/Rank: \_\_\_\_\_

Position/Rank: \_\_\_\_\_

Agency / Unit / School: \_\_\_\_\_

Tel. No. (School): \_\_\_\_\_ Fax. No. (School): \_\_\_\_\_

Tel. No. (Agency): \_\_\_\_\_ Fax. No. (Agency): \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

## Codes for items III8 and III9

### Behavioural Problems at School

- S1 Skipping Class/Truancy
- S2 Displaying Uncooperative Behaviour
- S3 Disruptive Behaviour in Class
- S4 Breaking School Regulations
- S5 Others (please specify)

### Social Adjustment/ Behaviour Problems

- D1 Acts of Doing Harm to Others or Property
- D2 Abscondence from Home
- D3 Loitering/Staying Out Overnight
- D4 Gang Involvement
- D5 Stealing/Shoplifting
- D6 Others (please specify)

### Emotional Adjustment Problems

- P1 Emotional and Behavioural Regulation Problems
- P2 Others (please specify)