

**Restricted**

**CRM-F3A**

**To be  
completed by  
Referrer**

**Updating of Application for Day Placement**

**Note :** If a student has withdrawn the application for day placement in a school for social development (SSD), the referrer is required to complete this form and return it by fax to :

- (1) Name of the SSD concerned: \_\_\_\_\_  
(SSD Social Worker : \_\_\_\_\_ ) (Fax No. : \_\_\_\_\_ )
- (2) Senior Inspector (Special Education Support 2)2, Education Bureau (Fax No. : 2760 4191 )

**Please provide details in the space provided and tick the appropriate box.**

**(1) Particulars of the Student**

Name (Eng) : \_\_\_\_\_ (Chi) : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student Reference No. (STRN) : \_\_\_\_\_  
 SE Ref No. : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(2) Withdrawal of application for day placement in SSD**

The student has withdrawn the application for placement in SSD because of the following reasons  
*(please number in order of significance with '1' being the most significant) :*

- Shows improvement in emotion/behaviour       Returned to the original school
- Transferred to another school       Entered workforce       Missing
- Changed to apply for day cum residential placement in SSD/Residential Home
- Other training / education services provided (please specify) \_\_\_\_\_
- Under statutory supervision (please specify) \_\_\_\_\_
- Others (please specify) \_\_\_\_\_

**(3) Latest update / Supplementary information on the case :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Referrer : \_\_\_\_\_

Name of Referrer : \_\_\_\_\_

Name of Organisation : \_\_\_\_\_

Contact Telephone : \_\_\_\_\_

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