

**Restricted**

**CRM-F3B**

**To be  
completed by  
Referrer**

**Updating of Application for Residential Placement**

**Note :** This form is to be completed by the referrer **by the end of each month**, and returned by fax to :

- (1) Senior Social Work Officer (Corrections)2, Social Welfare Department (Fax No. : 2833 5861 )
- (2) Senior Inspector (Special Education Support 2)2, Education Bureau (Fax No. : 2760 4191 )
- (3) Name of School for Social Development / Residential Home (SSD/RH) : \_\_\_\_\_  
(Fax No. : \_\_\_\_\_ ) (Applicable to cases under admission process to SSD/RH)

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

**(1) Particulars of the Student**

Name (Eng) : \_\_\_\_\_ (Chi) : \_\_\_\_\_ Sex : \_\_\_\_\_

SE Ref : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SWD Ref : \_\_\_\_\_

H.K.I.C. / B.C. No. : \_\_\_\_\_ Date of application : \_\_\_\_\_

**(2) Continuation of application for placement in SSD/RH**

The student is currently in  Primary /  Secondary (level) \_\_\_\_\_.

If applicable : The student will attend  Primary /  Secondary (level) \_\_\_\_\_ in the next school year (i.e. \_\_\_\_\_ / \_\_\_\_\_ school year).

The student still needs to apply for placement in SSD/RH.

**(3) Withdrawal of application for placement in SSD/RH**

The student has withdrawn the application for placement in SSD/RH because of the following reasons:  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

Shows improvement in emotion / behaviour  Improvement in family support

Restored home  Returned to the original school

Changed to apply for day placement in SSD  Transferred to another school

Other training/education service is secured (please specify) \_\_\_\_\_

Alternative residential placement is secured (please specify) \_\_\_\_\_

Under statutory supervision (please specify) \_\_\_\_\_

Entered workforce  Missing  Others (please specify) \_\_\_\_\_

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

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

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

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

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

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