



RUSSELL, William

1 (2 of 2)

CHILDS NAME

DATE	ALL PLACEMENTS AND DISCHARGE (RED) ADDRESSES	Code	SCHOOL	DATE	CASELOADING
26.6.79	Section 44(1)(a) S.R. 18 Burnside Cottages, Kinglassie (Glenrothes Area)			29/6/79	TMG Grubbs
17.6.80	Loarningdale List 'D' School 44(1)(b)		"	19-6-80	"
18.7.80	30 Mina Crescent, Kinglassie (HOL)		"	11.8.80	"
11.8.80	Loarningdale List D School		"	"	"
15.8.80	30 Mina Crescent, Kinglassie (HOL)		"	15.8.80	"
22.8.80	Loarningdale List D School		"	"	"
10.10.80	30 Mina Crescent, Kinglassie (HOL)		"	15 <sup>10</sup> /80	"
20.10.80	Loarningdale List D School		"	"	"
17.2.81	Rossie School, Montrose		"	20 <sup>2</sup> /81	"
6.4.81	30 Mina Crescent, Kinglassie (HOL)		"	20 <sup>4</sup> /81	"
13.4.81	Rossie School, Montrose		"	"	"
10.8.81	30 Mina Crescent, Kinglassie (HOL)		"	13 <sup>8</sup> /81	"
17.8.81	Rossie School, Montrose		"	"	"
23.12.81	30 Mina Crescent, Kinglassie (HOL)		"	21/82	"
19.1.82	✓ ✓ ✓ 44(1)(a)		"	✓	"
20.4.82	Supervision Order Terminated		" "	22 <sup>4</sup> /82	" "

DO NOT  
SEND  
THIS  
PART  
TO SWSG

WILLIAM RUSSELL Child's Name

SWS FORM CH4  
DISCHARGES

201075409

Child's reference number

2

CONFIDENTIAL

SWS FORM CH4  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF DISCHARGES

Social Work Department

Return date (month, year)

		C.T.	6
	2,3	3	6
4-7	0,4	8	2

punch skip 8-10

Child's reference number 11-19

201075409

Date of birth

20-25

2,1 0,6 6,6

Date of discharge or transfer

26-31

2,0 0,4 8,2

#### INFORMATION ON DISCHARGE OR TRANSFER

Reason if discharge (transfer=8)

32

1

if transfer, code of receiving SWD

33, 34

#### BEFORE DISCHARGE OR TRANSFER

Reason for being in care or under supervision

statute

06

37, 38

01

Accommodation

type

39, 40

01

location

41, 42

36

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  \*  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  \*

3 HQ  
(1 of 2)

\* Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PFI or Mental Disorder Code
RUSSELL	WILLIAM	M *	21/6/66		20/4/82	*

2. AUTHORITY RESPONSIBLE FOR CARE

36

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
*	*	*	*	Father:-
				Mother:-
(f) Parental Rights Resolution Code:-				

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (if Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
01	30. MINA CRIST. KINGHASSIK.	(i) Before Change	(ii) After Change
(d) Reason for Moving Code (if Code 9, specify reason):-		(e) Date of move to new Location	
(f) New Accommodation Type Code (if Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

SOCIAL WORK DEPT.  
21 APR 1982  
HEADQUARTERS

3  
(2 of 2)

6. FINANCIAL

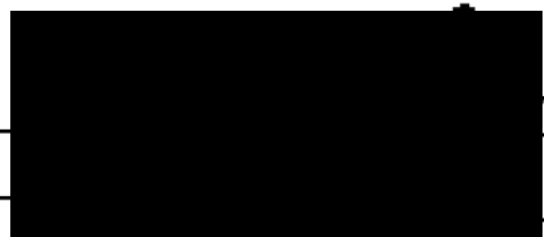
Name and address of person to whom payment should be made:-	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If same as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo authorised by Area Organiser</li> </ol>
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7. ADDITIONAL ALLOWANCES - TO BE AUTHORIZED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary:-

SOCIAL WORKER: NAME:- MR T. M. BRUBIS  
 (BLOCK LETTERS)  
 AREA:- GLENROTHES

Signature:   
 Date:- 20/4/82

FOR HQ USE	
CRN Record Cards: Child <input checked="" type="checkbox"/> Foster Parents Letter to Foster Parent Ledger Sheet Payable Order Photocopy (Fieldwork)  FM Book List D Register 12 and Under Register Overpayment Book Stata <input checked="" type="checkbox"/>	Assessment Parental Cont Cards LISTS:- 5 years, 11 years, 13 years, 16 years, 18 years.

FOR AREA USE	
Entered: <input checked="" type="checkbox"/> Card <input checked="" type="checkbox"/> Birthday Book _____ Register _____	For 44(1)(b) only: RIC Form _____ Financial Assess. Form _____ School _____

DO NOT  
SEND  
THIS PART  
TO SWSG

SWS FORM CH3  
CHANGES

William Ruzaroo Child's Name

2 0 1 0 7 5 4 0 9

Child's reference number

4

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

		C.T.	5
		2,3	3 6
4-7	0 1	8 2	

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

2 1 0 6 6 6

Date of change

26-31

1 9 0 1 8 2

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41	0 4	42, 43	0 1
		44, 45	0 6
		46, 47	0 1
Reason for moving		48	4

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

I.P.C. Ltd. Dd 8358196.3/81

Before		After	
50, 51		52, 53	

DO NOT  
SEND  
THIS PART  
TO SWSG

SWS FORM CH3  
CHANGES

William Russo Child's Name

2 0 1 0 7 5 4 0 9

Child's reference number

5

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

		C.T.	5
		2,3	36
4-7	01		812

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

01 01 616

Date of change

26-31

013 12811

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41	25	42, 43	31
		44, 45	01
		46, 47	36
Reason for moving		48	9

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

Before	After
50, 51	52, 53

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  <sup>6</sup>  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  (1 of 2)

\* Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) MI or Mental Disorder Code
Russell	WILLIAM	M *	21/6/66	-	19/1/82	1 *

2. AUTHORITY RESPONSIBLE FOR CARE

36

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
	*	*	*	Father:-
				Mother:-
(f) Parental Rights Resolution Code:-				

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (If Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
		(i) Before Change	(ii) After Change
25	ROSSIE LANE D SCOTCH MONTROSE	31	30
(d) Reason for Moving Code (If Code 9, specify reason):-		(e) Date of move to new Location	
4		19/1/82	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	
01	30, MCNA ERS KINCALSHIE		

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

6  
(2 of 2)

6. FINANCIAL

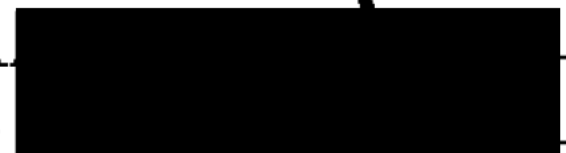
Name and address of person to whom payment should be made:-	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If same as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo authorised by Area Organiser</li> </ol>
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7. ADDITIONAL ALLOWANCES - TO BE AUTHORISED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary:-

REVIEW 44 1(b) CHANGED TO  
44 1(a) at home.

SOCIAL WORKER: NAME:- T.M. GROSIS Signature:-   
 (BLOCK LETTERS)  
 AREA:- GLENROTHES. Date:- 19-2-82.

FOR HQ USE	
ORN Record Cards: Child Foster Parents Letter to Foster Parent Ledger Sheet Payable Order Photocopy (Fieldwork)  PM Book List D Register 12 and Under Register Overpayment Book State	Assessment- Parental Cont Cards LISTS:- 5 years, 11 years, 13 years, 16 years, 18 years.

FOR AREA USE	
Entered: _____	For 44(j)(b) only:
Card _____	RIC Form _____
Birthday Book _____	Financial Assess. Form _____
Register _____	School _____

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  @  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  @

7  
(1 OF 2)

@ Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) ICD 10 Mental Disorder Code
RUSSELL	WILLIAM	M *	21/6/66		19/12/82	1 *

2. AUTHORITY RESPONSIBLE FOR CARE

36

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
*	*	*	*	Father:-
				Mother:-
(f) Parental Rights Resolution Code:-				

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (if Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
25	RUSSELL LIST D SCHOOL MONTROSE	(i) Before Change 31	(ii) After Change 36
(d) Reason for Moving Code (if Code 9, specify reason):-		(e) Date of move to new Location	
9 HOLIDAYS.		23/12/81	
(f) New Accommodation Type Code (if Code 99, specify accommodation)	(g) New Address:-	(h) Period of short term	
01	30, MINA CRECH. RING LASSIE.	12 DAYS	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

SOCIAL WORK DEPT.  
20 JAN 1982  
HEADQUARTERS

7  
(2 of 2)


6. FINANCIAL

Name and address of person to whom payment should be made:-	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If same as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo authorized by Area Organizer.</li> </ol>
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7. ADDITIONAL ALLOWANCES - TO BE AUTHORIZED BY MEMO SIGNED BY AREA ORGANIZER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary.

SOCIAL WORKER: NAME:- T. GRUBIS Signature:   
 (BLOCK LETTERS)  
 AREA:- GLENNROTHES. Date:- 19/1/52

FOR HQ USE	
CWN	Assessment.
Record Cards:	Parental Cont Cards
Child	LISTS:-
Foster Parents	5 years, 11 years,
Letter to Foster Parent	13 years, 16 years,
Ledger Sheet	18 years.
Payable Order	
Photocopy (Fieldwork)	
PM Book	
List D Register	
12 and Under Register	
Overpayment Book	
Stats	

FOR AREA USE	
Entered:	For 44(1)(b) only:
Card _____	RIC Form _____
Birthday Book _____	Financial
Register _____	Assoc. Form _____
	School _____

DO NOT  
SEND  
THIS PART  
TO SWSG

WILLIAM RUSSELL Child's Name

SWS FORM CH3  
CHANGES

201075409

Child's reference number

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

		C.T.	5
		2,3	36
4-7	0,8	8,1	

punch skip 8-10

Child's reference number 11-19

201075409

Date of birth

20-25

2,1 0,6 6,6

Date of change

26-31

7,0 8,8 1,1

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41	0,1	42, 43	3,6
		44, 45	2,5
		46, 47	3,1
		48	9

Reason for moving

PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

50, 51

Before

52, 53

After

DO NOT  
SEND  
THIS PART  
TO SWSG

SWS FORM CH3  
CHANGES

WILLIAM RUSSELL... Child's Name

2 0 1 0 7 5 4 0 9

Child's reference number

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

		C.T.	5
	2,3	3	6
4-7	0,8	8,1	

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

2,1 0,6 6,6

Date of change

26-31

1,0 0,8 8,1

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41	42, 43	44, 45	46, 47
2 5	3 1	0 1	3 6
Reason for moving		48	
			49

#### PARENTAL RIGHTS RESOLUTION - Reason

AREA CODE

I.P.C.Ltd. Dd 8050271

Before	After
50, 51	52, 53

CHILDREN IN CARE -- REPORT OF ADMISSION TO CARE  @

NOTIFICATION OF CHANGE IN CIRCUMSTANCES  @

12  
(1 of 2)

HQ.

@ Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PI or Mental Disorder Code
RUSSELL	WILLIAM	M *	21/6/66		10/8/81	1

2. AUTHORITY RESPONSIBLE FOR CARE

36

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervisor	(e) Parents' Employment code (if code 9, specify employment below)
				Father:-
				Mother:-
(f) Parental Rights Resolution Code:-				

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (If Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
		(i) Before Change	(ii) After Change
25	ROSSIE LIST 'D' SCHOOL MONTROSE	31	36
(d) Reason for Moving Code (If Code 9, specify reason):-	9 HOLIDAY	(e) Date of move to new Location 10-8-81	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	(h) Period of short term	
01	30, MINA CRETS KINGLASSIE	7 DAYS 17-8-81	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

SOCIAL WORK DEPT.  
13 AUG 1981  
HEADQUARTERS

12  
(2 of 2)

6. FINANCIAL

Name and address of person to whom payment should be made:-	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If name as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo authorised by Area Organiser</li> </ol>
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7. ADDITIONAL ALLOWANCES - TO BE AUTHORISED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Use this section for any amplifying comments considered necessary:-

SOCIAL WORKER: NAME:- T.M. GRUBIS  
(BLOCK LETTERS)

Signature: 

AREA:- CLONROTHES

Date:- 12-8-81

FOR HQ USE	
CRN Record Cards: Child ✓ Foster Parents ✓ Letter to Foster Parent Ledger Sheet Payable Order Photocopy (Fieldwork) Assessment Register PM Book List D Register Residential Register Overpayment Book ✓ Stats ✓	Assessment: Director of Finance Area Officer ✓ Parents ✓ ASWO ✓ OD3

FOR AREA USE	
Entered: ✓ Card _____ Birthday Book _____ Register _____	For 44(1)(b) only: RIC Form _____ Financial Assess. Form _____ School _____

DO NOT  
SEND  
THIS PART  
TO SWSG

SWS FORM CH3  
CHANGES

William Russell Child's Name

2 0 1 0 7 5 4 0 9

Child's reference number

13

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

C.T. 5  
2,3 3 6

Return date (month, year)

4-7 0 4 8 1

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

2 1 0 6 6 6

Date of change

26-31

1 3 0 4 8 1

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

	Before		After	
	statute	primary reason	statute	primary reason
32, 33	<input type="text"/>	<input type="text"/>	36, 37	<input type="text"/>
			38, 39	<input type="text"/>

#### ACCOMMODATION (leave blank if child has not moved)

	Before		After	
	type	location	type	location
40, 41	<input type="text"/>	<input type="text"/>	44, 45	<input type="text"/>
			46, 47	<input type="text"/>

Reason for moving

48 9

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

	Before	After
50, 51	<input type="text"/>	<input type="text"/>
		52, 53

DO NOT  
SEND  
THIS PART  
TO SWSG

SWS FORM CH3  
CHANGES

WILLIAM RUSSELL Child's Name

2 0 1 0 7 5 4 0 9

Child's reference number

14

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

		C.T.	5
	2,3	3	6
4-7	0 1 4	4	1

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

2 1 0 6 6 6

Date of change

26-31

0 6 0 4 8 1

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

	Before		After
	statute	primary reason	statute
32, 33		34, 35	36, 37
			38, 39
			primary reason

#### ACCOMMODATION (leave blank if child has not moved)

	Before		After
	type	location	type
40, 41	2 5	42, 43	44, 45
			46, 47
			3 6

Reason for moving

48

9

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

I.P.C.Ltd. Dd 8050271

	Before		After
50, 51		52, 53	

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  @  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  @

15  
(1 of 2)

@ Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PH or Mental Disorder Code
RUSSELL	WILLIAM	M *	24/6/66	6329	17/4/81	*

2. AUTHORITY RESPONSIBLE FOR CARE

36

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
*	*	*	*	Father:-
				Mother:-
(f) Parental Rights Resolution Code:-				

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (If Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
		(i) Before Change	(ii) After Change
25	ROSSIE LIST 'D' SCHOOL MONTROSE	31	36
(d) Reason for Moving Code (if Code 9, specify reason):-		(e) Date of move to new Location	
HOLIDAYS.		6-4-81	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	
01	30 MINA CRES KING LITTLE.	7 DAYS	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

15  
(2 of 2)

6. FINANCIAL

<p>Name and address of person to whom payment should be made:-</p>	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If same as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo authorised by Area Organiser</li> </ol>
--	--

7. ADDITIONAL ALLOWANCES - TO BE AUTHORISED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary:-

SOCIAL WORKER: NAME:- GRUBIS  
(BLOCK LETTERS)

Signature: 

AREA:- GLENCROFTHE'S.

Date:- 17/4/81

FOR HQ USE	
<p>CRN</p> <p>Record Cards:</p> <p>Child <input checked="" type="checkbox"/></p> <p>Poster Parents <input checked="" type="checkbox"/></p> <p>Letter to Poster Parent</p> <p>Ledger Sheet</p> <p>Payable Order</p> <p>Photocopy (Fieldwork)</p> <p>Assessment Register</p> <p>PM Book</p> <p>List D Register</p> <p>Residential Register</p> <p>Overpayment Book</p> <p>Stats <input checked="" type="checkbox"/></p>	<p>Assessment:</p> <p>Director of Finance</p> <p>Area Officer</p> <p>Parents <input checked="" type="checkbox"/></p> <p>ASWO <input checked="" type="checkbox"/></p> <p>CD3 <input checked="" type="checkbox"/></p>

FOR AREA USE	
<p>Entered:</p> <p>Card _____</p> <p>Birthday Book _____</p> <p>Register _____</p>	<p>For 44(1)(b) only:</p> <p>RIC Form _____</p> <p>Financial Assess. Form _____</p> <p>School _____</p>

SOCIAL WORK DEPT.  
 20 APR 1981  
 HEADQUARTERS

16

Mr Grubis, Glenrothes Area  
Director of Social Work

30th March 1981

DSW/20000/JM

WILLIAM RUSSELL - B. 21.6.66

I understand that the above named child was home on leave from  
Rossie School for the period from 6th April 1981 to 13th April  
1981. I would be grateful if you would please forward the appropriate  
CIC-1 form to HQ as soon as possible.

DIRECTOR OF SOCIAL WORK

JM.

DO NOT  
SEND  
THIS PART  
TO SWSG

WILLIAM RUSSELL Child's Name

SWS FORM CH3  
CHANGES

2 0 1 0 7 5 4 0 9

Child's reference number

17

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

		C.T.	5
	2,3	3	6
4-7	0, 2	8	1

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

2 1 0 6 6 6

Date of change

26-31

1 7 0 2 8 1

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41	2 5	42, 43	5 6
		44, 45	2 5
		46, 47	3 1
Reason for moving		48	4

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

Before		After	
50, 51		52, 53	

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  @  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  @

18  
(1 of 2)

\* Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PH or Mental Disorder Code
RUSSELL	WILLIAM	M *	21/6/66	6329	17/2/81	1

2. AUTHORITY RESPONSIBLE FOR CARE

36

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
				Father:-
				Mother:-
(f) Parental Rights Resolution Code:-				

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (if Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
		(i) Before Change	(ii) After Change
25	LOANINGDALE LIST 'D' SCHOOL BIGGAR.	73	31
(d) Reason for Moving Code (if Code 3, specify reason):-		(e) Date of move to new Location	
4		17/2/81	
(f) New Accommodation Type Code (if Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	
25	ROSSIE FARM LIST 'D' SCHOOL MONTROSE.	—	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

6. FINANCIAL

Name and address of person to whom payment should be made:-	NOTES 1. If same as new location insert "see over". 2. If no payment to be made insert "nil" 3. If additional payment to be made for 3rd and subsequent child. See section 7. 4. Allowance for "special problems" - by memo authorised by Area Organiser
---	--

MEMORANDUM  
 18 FEB 1981  
 SOCIAL WORK DEPT.

7. ADDITIONAL ALLOWANCES - TO BE AUTHORISED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary:-

TRANSFER OF CHILD FOLLOWING REVIEW HEARING.

SOCIAL WORKER: NAME:- GRUBIS Signature:   
 (BLOCK LETTERS)  
 AREA:- GLASGOW Date:- 19-2-81

FOR HQ USE	
CRN Record Cards: Child <input checked="" type="checkbox"/> Foster Parents Letter to Foster Parent Ledger Sheet Payable Order Photocopy (fieldwork) Assessment Register PM Book List-D Register <input checked="" type="checkbox"/> Residential Register Overpayment Book Stats <input checked="" type="checkbox"/>	Assessment: Director of Finance Area Officer Parents ASWO CD3

FOR AREA USE	
Entered: Card _____ Birthday Book _____ Register _____	For 44(1)(b) only: RIC Form _____ Financial Asses. Form _____ School _____

DO NOT  
SEND  
THIS PART  
TO SWSG

SWS FORM CH3  
CHANGES

WILLIAM RUSSELL Child's Name

2 0 1 0 7 5 4 0 9

Child's reference number

19

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

			C.T.	5
		2,3	3	6
4-7	1	0	8	0

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

2 1 0 6 6 6

Date of change

26-31

2 0 1 0 8 0

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41		42, 43	
0 1	3 6	44, 45	2 5
		46, 47	5 6
Reason for moving		48	
		9	

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

50, 51

52, 53

DO NOT  
SEND  
THIS PART  
TO SWSG

WILLIAM RUSSELL Child's Name

SWS FORM CH3  
CHANGES

2 0 1 0 7 5 4 0 9

Child's reference number

20

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

				C.T.	5
		2,3	3	6	
4-7	1	0	8	0	

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

2 1 0 6 6 6

Date of change

26-31

1 0 1 0 8 0

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41	2 5	42, 43	5 6
		44, 45	0 1
		46, 47	3 6
		48	9

Reason for moving

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

50, 51

52, 53

21  
(1 of 2)

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  <sup>⊗</sup>  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  <sup>⊗</sup>

⊗ Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PH or Mental Disorder Code
RUSSELL	WILLIAM	M *	21/6/66	6329	10/10/80	1 *

2. AUTHORITY RESPONSIBLE FOR CARE

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code
		*

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
*	*	*	*	Father:-
(f) Parental Rights Resolution Code:-				Mother:- *

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (If Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence
25	LOTHINGDALE LIST OF SECTOR RUGBY.	(i) Before Change: 7356 (ii) After Change: 36
(d) Reason for Moving Code (if Code 9, specify reason):-	9 - HOLIDAYS.	(e) Date of move to new Location 10-10-80.
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term
01	31, MINA CRIS. KENTCASSIE	10 DAYS. 20-10-80

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

21  
(2 of 2)

6. FINANCIAL

Name and address of person to whom payment should be made:-	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If same as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo. authorised by Area Organiser</li> </ol>
---	---

7. ADDITIONAL ALLOWANCES - TO BE AUTHORISED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary:-

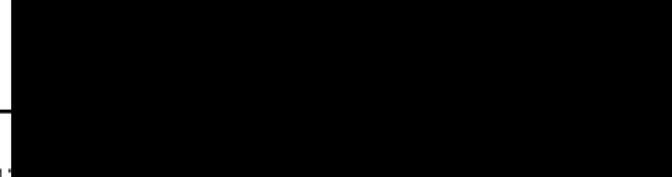
MEMORANDUMS

SOCIAL WORK DEPT.

14 OCT 1980

SOCIAL WORKER: NAME:- MR. T. G. ROJIS  
(BLOCK LETTERS)

AREA:- GLENROTHES

Signature: 

Date:- 13-10-80

FOR HQ USE	
CRG	Assessment:
Record Cards:	Director of Finance
Child <input checked="" type="checkbox"/>	Area Officer <input checked="" type="checkbox"/>
Poster Parents	Parents <input checked="" type="checkbox"/>
Letter to Poster Parent	ASWO <input checked="" type="checkbox"/>
Ledger Sheet	CDS
Payable Order	
Photocopy (fieldwork)	
Assessment Register	
PM Book	
List D Register	
Residential Register	
Overpayment Book	
Stats <input checked="" type="checkbox"/>	

FOR AREA USE	
Entered:	For 4d(1)(b) only:
Card _____	RIC Form _____
Birthday Book _____	Financial Assess. Form _____
Register _____	School _____

DO NOT  
SEND  
THIS PART  
TO SWSG

WILLIAM NISSELL Child's Name

SWS FORM CH3  
CHANGES

2 0 1 0 7 5 4 0 9

Child's reference number

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

		C.T.	5
	2,3	3	6
4-7	0	8	8 0

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

2 1 0 0 6 6

Date of change

26-31

2 2 0 8 8 0

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41		42, 43	
0 1	3 6	44, 45	
		46, 47	
		5 6	

Reason for moving

48 9

PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

Before	After
50, 51	52, 53

DO NOT  
SEND  
THIS PART  
TO SWSG

SWS FORM CH3  
CHANGES

WILLIAM RUSSELL Child's Name

2 0 1 0 7 5 4 0 9

Child's reference number

23

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

C.T. 5

2,3 3 6

Return date (month, year)

4-7 0 8 8 0

punch skip 8-10

Child's reference number 11-19

2 0 1 0 7 5 4 0 9

Date of birth

20-25

2 1 0 6 6 6

Date of change

26-31

1 5 0 8 8 0

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

	Before		After	
	statute	primary reason	statute	primary reason
32, 33	<input type="text"/>	<input type="text"/>	36, 37	<input type="text"/>
		34, 35		38, 39

#### ACCOMMODATION (leave blank if child has not moved)

	Before		After	
	type	location	type	location
40, 41	<input type="text"/>	<input type="text"/>	44, 45	<input type="text"/>
		42, 43		46, 47
	Reason for moving		48	<input type="text"/>

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

	Before	After
50, 51	<input type="text"/>	<input type="text"/>
		52, 53

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  @  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  @

14.2  
24  
(1 of 2)

Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PH or Mental Disorder Code
RUSSELL	WILLIAM	M *	21/6/66	6329	15/8/80	*

2. AUTHORITY RESPONSIBLE FOR CARE

36

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code
		*

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
*	*	*	*	Father:-
(f) Parental Rights Resolution Code:-				Mother:-

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (If Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
25	LOANINGDALE LIST 'D' BICCAR.	(i) Before Change 73	(ii) After Change 36
(d) Reason for Moving Code (If Code 9, specify reason):- 9		(e) Date of move to new Location 15/8/80	
(f) New Accommodation Type Code (If Code 99, specify accommodation) 01	(g) New Address:- 30 MINA CRES. KINGLASSIE	(h) Period if short term 7 DAY 22-8-80	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

24  
(2 of 2)

6. FINANCIAL

Name and address of person to whom payment should be made:-	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If same as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo authorised by Area Organiser</li> </ol>
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7. ADDITIONAL ALLOWANCES - TO BE AUTHORISED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary:-

EXTRA WEEK HOLIDAY FOR  
GOOD BEHAVIOUR.

SOCIAL WORK DEPT.  
15 AUG 1980  
HEADQUARTERS

SOCIAL WORKER: NAME:- MR GROVES  
(BLOCK LETTERS)

AREA:- CLENSHAW

Signature:- 

Date:- 13-8-80

FOR HQ USE	
CRN Record Cards: Child ✓ Poster Parents Letter to Foster Parent Ledger Sheet Payable Order Photocopy (Fieldwork) Assessment Register PM Book List D Register Residential Register Overpayment Book ✓ Stats ✓	Assessment: Director of Finance ✓ Area Officer ✓ Parents ✓ ASWO ✓ CD3 ✓

FOR AREA USE	
Entered: Card _____ Birthday Book _____ Register _____	For 44(1)(b) only: RIC Form _____ Financial Assess. Form _____ School _____

25

Mr Grubis, Glenrothes Area  
Director of Social Work

12 Aug 80  
DSW/2.000/PS

WILLIAM RUSSELL - B. 21.6.66

I have to advise you that the case register number for the above named child is 6329.

DIRECTOR OF SOCIAL WORK

DO NOT  
SEND  
THIS PART  
TO SWSG

WILLIAM RUSSELL Child's Name

SWS FORM CH3  
CHANGES

201075409

Child's reference number

26

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

			C.T.	5
		2,3	3	6
4-7	0	8	8	0

punch skip 8-10

Child's reference number 11-19

201075409

Date of birth

20-25

210666

Date of change

26-31

110880

#### INFORMATION ON CHANGE

##### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

##### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41		42, 43	
0	1	44, 45	
	3	2	5
	6	46, 47	
		5	6
Reason for moving		48	
		9	

##### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

50, 51

52, 53

DO NOT  
SEND  
THIS PART  
TO SWSG

SWS FORM CH3  
CHANGES

WILLIAM RUSSELL Child's Name

2 0 1 0 7 5 4 0 9

Child's reference number

27

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

				C.T.	5
		2,3	3	6	
4-7	0	8	8	0	

punch skip 8-10

Child's reference number 11-19 2 0 1 0 7 5 4 0 9

Date of birth 20-25 2 1 0 6 6 6

Date of change 26-31 1 8 0 7 8 0

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33		34, 35	
		36, 37	
		38, 39	

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41	2 5	42, 43	5 6
		44, 45	0 1
		46, 47	3 6
		48	9

Reason for moving

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

I.P.C.Ltd. Dd 8050271

Before	After
50, 51	52, 53

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  @  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  @

28  
(1 of 2)

Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PII or Mental Disorder Code
ROSSSELL	WILLIAM	M *	24/6/66		18/7/80	*

2. AUTHORITY RESPONSIBLE FOR CARE

36.

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code
		*

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
*	*	*	*	Father:-
(f) Parental Rights Resolution Code:-				Mother:-

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (If Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
		(i) Before Change	(ii) After Change
25	LOANINGDALE LIST O' SETHOR BIGGAR.	56B	36
(d) Reason for Moving Code (If Code 9, specify reason):-	9 (HOLIDAYS)	(e) Date of move to new Location	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	18/7/80	
01	30, MINA CRES. KINGCLARIE.	(h) Period if short term	
		23 DAYS.	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

6. FINANCIAL

(2 of 2)

Name and address of person to whom payment should be made:-	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If same as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo authorised by Area Organiser</li> </ol>
---	--

7. ADDITIONAL ALLOWANCES - TO BE AUTHORISED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary:-

HOLIDAY PERIOD. 18/7/80

11-8-80

SOCIAL WORKER DEPT. - 3 AUG 1980

SOCIAL WORKER: NAME:- C. M. Jones  
(BLOCK LETTERS)

Signature:-

AREA:- C. L. Evans

Date:- 6-8-80

FOR HQ USE	
<p>CRN</p> <p>Record Cards:</p> <p>Child <input checked="" type="checkbox"/></p> <p>Foster Parents</p> <p>Letter to Foster Parent</p> <p>Ledger Sheet</p> <p>Payable Order</p> <p>Photocopy (Fieldwork)</p> <p>Assessment Register</p> <p>PM Book</p> <p>List D Register</p> <p>Residential Register</p> <p>Overpayment Book</p> <p>Stats <input checked="" type="checkbox"/></p>	<p>Assessment:</p> <p>Director of Finance</p> <p>Area Officer</p> <p>Parents <input checked="" type="checkbox"/></p> <p>ASWO</p> <p>CD3</p>

FOR AREA USE	
<p>Entered:</p> <p>Card _____</p> <p>Birthday Book _____</p> <p>Register _____</p>	<p>For 44(1)(b) only:</p> <p>RIC Form _____</p> <p>Financial Assess. Form _____</p> <p>School _____</p>

DO NOT  
SEND  
THIS PART  
TO SWSG

William Russell

Child's Name

SWS FORM CH3  
CHANGES

201075409

Child's reference number

29

CONFIDENTIAL

SWS FORM CH3  
Revised 1/4/78

### INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF NOTIFIABLE CHANGES

Social Work Department

Return date (month, year)

		C.T.	5
		2,3	36
4-7	06		810

punch skip 8-10

Child's reference number 11-19

201075409

Date of birth

20-25

21 06 66

Date of change

26-31

17 06 810

### INFORMATION ON CHANGE

#### REASON FOR BEING IN CARE OR UNDER SUPERVISION

Before		After	
statute	primary reason	statute	primary reason
32, 33	06	34, 35	01
		36, 37	07
		38, 39	01

#### ACCOMMODATION (leave blank if child has not moved)

Before		After	
type	location	type	location
40, 41	01	42, 43	36
		44, 45	25
		46, 47	56
Reason for moving		48	4

#### PARENTAL RIGHTS RESOLUTION - Reason

49

[ ]

AREA CODE

Before	After
50, 51	52, 53

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  @  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  @

30  
(1 of 2)

Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PI or Mental Disorder Code
RUSSELL	WILLIAM	M *	21/6/66		17/6/80	1 *

2. AUTHORITY RESPONSIBLE FOR CARE

36.

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code
06	<del>01</del> 01	07 *

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
1 *	3 *	2 *	1 *	Father:- 2 Mother:- 5 *
(f) Parental Rights Resolution Code:-				

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (If Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
01	30, MINA CRES. KINGLASSIE	(i) Before Change 36	(ii) After Change 56
(d) Reason for Moving Code (If Code 9, specify reason):- 4		(e) Date of move to new Location 24-6-80.	
(f) New Accommodation Type Code (If Code 99, specify accommodation) 25	(g) New Address:- LOANINGDALE HST 'O' SCHOOL. BIGGAR.	(h) Period if short term —	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

30  
(2 of 2)

6. FINANCIAL

Name and address of person to whom payment should be made:-	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If same as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo authorised by Area Officer</li> </ol>
---	--

7. ADDITIONAL ALLOWANCES - TO BE AUTHORISED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary:-

RECEIVED  
 18 JUN 1980  
 HUMAN SERVICES DEPT.

SOCIAL WORKER: NAME:- MARTIN ERUIS  
(BLOCK LETTERS)

Signature:- 

AREA:- GLEWROTHES

Date:- 17-6-80

FOR HQ USE	
CRN Record Cards: Child ✓ Poster Parents Letter to Foster Parent Ledger Sheet Payable Order Photocopy (Fieldwork) Assessment Register PM Book List D Register ✓ Residential Register Overpayment Book Stats ✓	Assessment: Director of Finance Area Officer Parents ASWO GD3

FOR AREA USE	
Entered:	For 44(1)(b) only:
Card _____	RIC Form _____
Birthday Book _____	Financial Assess. Form _____
Register _____	School _____

31  
(1 of 2)

CHILDREN IN CARE - REPORT OF ADMISSION TO CARE  @  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES  @

@ Tick appropriate box. Items asterisked (\*) below are required ONLY on admission to care/supervision

SEE INSTRUCTIONS AND CODE LISTS FOR COMPLETION OF THIS FORM  
ON COMPLETION DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PH or Mental Disorder Code
RUSSELL	WILLIAM	M *	21-6-66		26/6/79	*

2. AUTHORITY RESPONSIBLE FOR CARE

36

3. REASON FOR ADMISSION OR CHANGE

(a) Statute Code (if code 99 then specify statute below)	(b) Primary reason within statute Code (if Code 23 or 99 specify reason below)	(c) Type of Admission Code
06	03	1

4. FAMILY INFORMATION

(a) Household Composition Code (if code 9 specify composition below)	(b) No. of Children in household	(c) Birth order of Child	(d) No. of siblings in care/supervision	(e) Parents' Employment code (if code 9, specify employment below)
1	3	2	1	Father:- 2 Mother:- 5
(f) Parental Rights Resolution Code:-				

5. CHANGE OF RESIDENCE

(a) Present Accommodation Type Code (if Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence	
		(i) Before Change	(ii) After Change
01	18, BURNSIDE COTTAGES KINGHASSIE	36	36
(d) Reason for Moving Code (if Code 3, specify reason):-		(e) Date of move to new Location	
(f) New Accommodation Type Code (if Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

31  
(2 of 2)

6. FINANCIAL

Name and address of person to whom payment should be made:-	<p>NOTES</p> <ol style="list-style-type: none"> <li>1. If same as new location insert "see over".</li> <li>2. If no payment to be made insert "nil".</li> <li>3. If additional payments to be made for 3rd and subsequent child. See section 7.</li> <li>4. Allowance for "special problems" - by memo authorised by Area Organiser</li> </ol>
---	--

7. ADDITIONAL ALLOWANCES - TO BE AUTHORISED BY MEMO SIGNED BY AREA ORGANISER

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):-

Please use this section for any amplifying comments considered necessary:-

SOCIAL WORKER DEPT.

29 JUN 1979

SOCIAL WORKER: NAME:- ARUBIS  
(BLOCK LETTERS)

Signature: 

AREA:- CLERK ROVER

Date:- 27-6-79

FOR HQ USE	
CEN	Assessment:
Record Cards: ✓	Director of Finance
Child ✓	Area Officer
Foster Parents	Parents
Letter to Foster Parent	ASWO
Larger Sheet	CD3
Payable (over	
Intecogy (Fieldwork)	
Assessment Register	
PK Book	
List D Register	
Residential Register	
Overpayment Book	
Stats ✓	

FOR AREA USE	
Entered: ✓	For 44(1)(b) only:
Card ✓	RIC Form _____
Birthday Book _____	Financial Access. Form _____
Register _____	School _____

ADMISSION FORM FOR CHILDREN

32

Please send both parts  
of this form to SWSG

Please refer to notes issued for 1/4/78

Reference number 1-9 

2	0	1	0	7	5	4	0	9
---	---	---	---	---	---	---	---	---

Sex (1=boy, 2=girl) 

10	1
----	---

Date of birth (D.M.Y.) 11-16 

2	1	0	6	6	6
---	---	---	---	---	---

Surname 17-28 

R	U	S	S	E	L				
---	---	---	---	---	---	--	--	--	--

Initials 29-30 

N	
---	--

Type of admission (1=new admission 3=transfer  
2=re-admission 4=amendment) 31 

1
---

A. PERSONAL INFORMATION

Col. 1 

3
---

1 Reference number 2-10 

2	0	1	0	7	5	4	0	9
---	---	---	---	---	---	---	---	---

2 Sex (1=boy, 2=girl) 

11	1
----	---

3 Date of birth (D.M.Y.) 12-17 

2	1	0	6	6	6
---	---	---	---	---	---

4 Physical handicap or mental disorder 18 

1
---

5 Social Work Department 19-20 

3	6
---	---

6 Area Code 21-22 

2	0
---	---

Col. 1 

4
---

punch-reproduce columns 2-10

B. FAMILY INFORMATION (at date of admission)

1 Household composition code 23 

1
---

2 District code of residence 24-25 

3	6
---	---

3 Employment code of father 26 

2
---

4 Employment code of mother 27 

5
---

5 Number of children in household (9 or over, enter 9) 28 

3
---

6 Birth order of child (9 or over, enter 9) 29 

2
---

7 Number of siblings in care or under supervision (9 or over, enter 9) 30 

1
---

D. PREVIOUS PERIODS OF CARE OR SUPERVISION  
(most recent first)

1 Date of admission (D.M.Y.) 11-16 

--	--	--	--

Reason for admission-Statute 17-18 

--	--

Primary reason within statute 19-20 

--	--

Date of discharge (D.M.Y.) 21-26 

--	--	--	--

Reason for discharge 27 

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2 Date of admission (D.M.Y.) 28-33 

--	--	--	--

Reason for admission-Statute 34-35 

--	--

Primary reason within statute 36-37 

--	--

Date of discharge (D.M.Y.) 38-43 

--	--	--	--

Reason for discharge 44 

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C. PRESENT PERIOD OF CARE OR SUPERVISION

1 Date of admission (D.M.Y.) 31-36 

2	6	0	6	7	9
---	---	---	---	---	---

2 Reason for admission-Statute 37-38 

0	6
---	---

Primary reason within statute 39-40 

0	3
---	---

3 Accommodation-Type 41-42 

0	1
---	---

District code 43-44 

3	6
---	---

Date of placement (D.M.Y.) (if applicable) 45-50 

2	6	0	6	7	9
---	---	---	---	---	---

4 Immediate (short term) placement (if applicable)

Type of accommodation 51-52 

--	--

District code 53-54 

--	--

5 Number of previous periods of care or supervision (if none, enter 0; if 9 or over, enter 9) 55 

--

3 Date of admission (D.M.Y.) 45-50 

--	--	--	--

Reason for admission-Statute 51-52 

--	--

Primary reason within statute 53-54 

--	--

Date of discharge (D.M.Y.) 55-60 

--	--	--	--

Reason for discharge 61 

--

4 Date of admission (D.M.Y.) 62-67 

--	--	--	--

Reason for admission-Statute 68-69 

--	--

Primary reason within statute 70-71 

--	--

Date of discharge (D.M.Y.) 72-77 

--	--	--	--

Reason for discharge 78 

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SPARE BOXES  
for use, see notes

56-57 

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58-59 

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60-66 

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Learning Date

NAME	D.O.B.	Address	Date	D.O.D.
Russell	21-6-66	18 Burnside Cottages, Kinglossie	24-6-80	