



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	" "

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

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
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MEMORANDUM

20 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:- G. ROBINSON 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

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

Learning Date

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