





3  
(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
OWIE	JAMES FRANCIS	M *	17.10.62	1/132/76	12.5.73	*

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	04	*

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
(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

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>
---	--

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

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):- 1

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

Supervision terminated

SOCIAL WORK D

14 JUN 1979

HEADQUARTERS

SOCIAL WORKER: NAME:- Mrs Marion Geddes  
(BLOCK LETTERS)

Signature:- M. Geddes

AREA:- 109 Wood Street Kirkcaldy

Date:- 12 June 1979

FOR HQ USE	
<p>GRN</p> <p>Record Cards:</p> <p style="padding-left: 20px;">Child ✓</p> <p style="padding-left: 20px;">Foster Parents</p> <p>Letter to Foster Parent</p> <p>Ledger Sheet</p> <p>Payable (clar)</p> <p>Photocopy (Fieldwork)</p> <p>Assessment Register</p> <p>PK Book</p> <p>List D Register</p> <p>Residential Register</p> <p>Overpayment Book</p> <p>Stats ✓</p>	<p>Assessment:</p> <p>Director of Finance</p> <p>Area Officer</p> <p>Parents</p> <p>ASWO</p> <p>CD3</p>

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

DO NOT  
SEND  
THIS  
PART  
TO SWSG

James F. Cavia

Child's Name

SWS FORM CH4  
DISCHARGES

3 0 1 1 6 5 9 0 9

Child's reference number

4

CONFIDENTIAL

SWS FORM CH4  
Revised 1/4/78

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

Social Work Department

C.T. 6

2,3 3 6

Return date (month, year)

4-7 0,6 7,9

punch skip 8-10

Child's reference number 11-19

3 0 1 1 6 5 9 0 9

Date of birth

20-25

1,7 1,0 6,2

Date of discharge or transfer

26-31

1,2 0,6 7,9

#### 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

primary reason

35, 36

0 6

37, 38

0 1

Accommodation

type

location

39, 40

0 1

41, 42

3 6

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

5  
(192)

@ 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
COWIE	James	*	17.10.62		18.12.78	*

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
07	01	*

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	Oakbank School Aberdeen	24	36
(d) Reason for Moving Code (If Code 9, specify reason):- 4		(e) Date of move to new Location	
		18.12.78	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	
01	61 Cairns Street KIRKCALDY		

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

5  
(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:-

James returned home on extended leave. All being well, he will be removed from the Oakbank roll on 8th January, 1979.

*44(1)(a) no gross. 8/1/79 no p.p. please*

SOCIAL WORKER: NAME:- M GEDDES <sup>28641</sup> Signature:- M Geddes  
 (BLOCK LETTERS)

AREA:- KIRKCALDY (NICOL STREET) Date:- 27.12.78

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

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

**SOCIAL WORK DEPT.**

**3 - JAN 1979**

**HEADQUARTERS**

DO NOT  
SEND  
THIS PART  
TO SWSG

JAMES, F. Cowie Child's Name

SWS FORM CH3  
CHANGES

3 0 1 1 6 5 9 0 9

Child's reference number

6

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	7	9

punch skip 8-10

Child's reference number 11-19

3 0 1 1 6 5 9 0 9

Date of birth

20-25

1 7 1 0 6 2

Date of change.

26-31

0 8 0 1 7 9

### INFORMATION ON CHANGE

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

Before		After	
statute	primary reason	statute	primary reason
32, 33	0 7	34, 35	0 1
		36, 37	0 6
		38, 39	0 1

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

Before		After	
type	location	type	location
40, 41		42, 43	
		44, 45	
		46, 47	

Reason for moving

48

4

#### PARENTAL RIGHTS RESOLUTION - Reason

49

AREA CODE

50, 51

52, 53

DO NOT  
SEND  
THIS PART  
TO SWSG

JAMES. F. Cowie Child's Name

SWS FORM CH3  
CHANGES

3 0 1 1 6 5 9 0 9

Child's reference number

7

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 1 7 9

punch skip 8-10

Child's reference number 11-19

3 0 1 1 6 5 9 0 9

Date of birth

20-25

1 7 1 0 6 2

Date of change

26-31

1 2 1 2 4 8

### 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
		<input type="text"/>		<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"/>
		42, 43		46, 47
		<input type="text"/>		<input type="text"/>
	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  @

8  
(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
* COWIE	JAMES	M *	17.10.62	1/132/76	6.10.78	*

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	Oakbank School Aberdeen		
(d) Reason for Moving Code (If Code 9, specify reason):- 9 Holiday		(e) Date of move to new Location	
		6.10.78	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	
		1 week 15.10.78	
01	61 Cairns Street Kirkcaldy		

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

SOCIAL WORK DEPT.  
27 OCT 1978  
HEADQUARTERS



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

9  
(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) Present Discharge Code
COWIE	JAMES FRANCIS	*	17.10.62	<del>1/32/76</del>	2.4.78	*

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
07	02	*

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	
01	61 Cairns Street Kirkcaldy	(i) Before Change 36	(ii) After Change 24
(d) Reason for Moving Code (If Code 9, specify reason):- 9 Easter leave finished		(e) Date of move to new Location 2.4.78	
(f) New Accommodation Type Code (If Code 99, specify accommodation) 25	(g) New Address:- Oakbank List 'D' School Aberdeen	(h) Period if short term	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

SOCIAL WORK DEPARTMENT  
14 APR 1978  
RUE  
BIBLIOTHEQUE

9  
(2 of 2)

6. FINANCIAL

<p>Name and address of person to whom payment should be made:-</p> <p style="text-align: center;">see over</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:-

Easter leave finished, returned to school.

SOCIAL WORKER: NAME:- MISS E GREENE  
(BLOCK LETTERS)

Signature:- ff. N. Tullis

AREA:- KIRKCALDY

Date:- 11.4.78

FOR HQ USE	
<p>ORW</p> <p>Record Cards:</p> <p style="padding-left: 20px;">Child ✓</p> <p style="padding-left: 20px;">Foster Parents</p> <p>Additions Register</p> <p>FP Register</p> <p>Maintenance/Payable Order</p> <p>Discharge Register</p> <p>Assessment Register</p> <p>PM Book</p> <p>List D Register ✓</p> <p>Residential Register</p> <p>Stats ✓</p>	<p>Assessment:</p> <p>Director of Finance</p> <p>Area Officer</p> <p>Parents</p> <p>ASMO</p> <p>OD3</p> <p style="text-align: center;">Nil ✓</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>

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

10  
(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) P.D. or Disciplinary Code
COWIE	JAMES FRANCIS	*	17.10.62	<del>1/32/76</del>	22.3.78	

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
07	02	*

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	Oakbank List 'D' School Aberdeen	24	36
(d) Reason for Moving Code (If Code 9, specify reason):- 9 Easter Leave		(e) Date of move to new Location	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	22.3.78	
01	61 Cairns Street Kirkcaldy	(h) Period if short term	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

14 APR 1978

10  
(2 of 2)

6. FINANCIAL

<p>Name and address of person to whom payment should be made:-</p> <p style="text-align: center;">see over</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 2<sup>nd</sup> 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:-

Easter leave at home address.

SOCIAL WORKER: NAME:- MISS C GREENE  
(BLOCK LETTERS)

Signature:- pp. N. Tullis

AREA:- KIRKCALDY

Date:- 11.4.78

FOR HQ USE	
<p>CHN</p> <p>Record Cards: ✓</p> <p style="padding-left: 20px;">Child ✓</p> <p style="padding-left: 20px;">Foster Parents</p> <p>Additions Register</p> <p>FP Register</p> <p>Maintenance/Payable Order</p> <p>Discharge Register</p> <p>Assessment Register</p> <p>PM Book</p> <p>List D Register ✓</p> <p>Residential Register</p> <p>Stats</p>	<p>Assessment:</p> <p>Director of Finance</p> <p>Area Officer</p> <p>Parents</p> <p>ASNO</p> <p>ADB</p> <p><i>Nil</i></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>



THE FIFE REGIONAL COUNCIL  
SOCIAL WORK DEPARTMENT

12

FROM: Administrative Officer

To: ASWO - Kirkcaldy Area

Reference: DSW/2.000/JMcC

Date: 11.11.77

SUBJECT: CHILDREN IN CARE - NOTIFICATION OF CHANGE OF CIRCUMSTANCES

Child's Name: James Cowie

Date of Birth: 14.10.62.

I am advised that:

1. The above named child is in the care of the Fife Regional Council. Please forward immediately:

- (a) Notification of Change of Circumstances - CIC 1
- (b) Roneo Card
- (c) Financial Assessment

2. I am informed that the above named has moved to:

Oakbank School  
Abertou on 20.4.77

please confirm and forward:

- (a) Notification of Change of Circumstances - CIC 1
- (b) Roneo Card
- (c) Financial Assessment from father

3. I am advised that the above named is no longer in the care of the Regional Council. Please confirm by sending CIC 1 by return.

4. I am advised that the above named child was placed on/discharged from supervision on \_\_\_\_\_

Please confirm by sending:

- (a) CIC 1
- (b) White Card

*If you have any difficulty in obtaining an assessment from Mr Cowie, please let me know at HQ by memo.*

James L. McCormick

THE FIFE REGIONAL COUNCIL  
SOCIAL WORK DEPARTMENT

13

FROM: Administrative Officer

To: ASWO - Unkenaldy

Reference: DSW/2.000/JMcC

Date: 22.8.77

SUBJECT: CHILDREN IN CARE -- NOTIFICATION OF CHANGE OF CIRCUMSTANCES

Child's Name: James Cowie

Date of Birth: 14.10.62

I am advised that:

1. The above named child is in the care of the Fife Regional Council. Please forward immediately:

- (a) Notification of Change of Circumstances - CIC 1
- (b) Roneo Card
- (c) Financial Assessment

2. I am informed that the above named has moved to:

Oakbank School  
Aboudeen on 20.4.77

please confirm and forward:

- (a) Notification of Change of Circumstances - CIC 1
- (b) Roneo Card
- (c) Financial Assessment

3. I am advised that the above named is no longer in the care of the Regional Council. Please confirm by sending CIC 1 by return.

4. I am advised that the above named child was placed on/discharged from supervision on \_\_\_\_\_

Please confirm by sending:

- (a) CIC 1
- (b) White Card

Also please forward change slip for holidays 8.17/7/77 and 22/4/77 to 8/8.

James L. McCormick

THE FIFE REGIONAL COUNCIL  
SOCIAL WORK DEPARTMENT

14

FROM: Administrative Officer

To: <sup>Actual</sup> ASWO - Kirkcaldy

Reference: DSW/2.000/JMcC

Date: 21.7.77

SUBJECT: CHILDREN IN CARE - NOTIFICATION OF CHANGE OF CIRCUMSTANCES

Child's Name: James A Cowie

Date of Birth: 14.10.62

I am advised that:

1. The above named child is in the care of the Fife Regional Council. Please forward immediately:

- (a) Notification of Change of Circumstances - CIC 1
- (b) Roneo Card
- (c) Financial Assessment

2. I am informed that the above named has moved to:

Orkbank School  
Abenden on 20.4.77

please confirm and forward:

- (a) Notification of Change of Circumstances - CIC 1
- (b) Roneo Card
- (c) Financial Assessment

3. I am advised that the above named is no longer in the care of the Regional Council. Please confirm by sending CIC 1 by return.

4. I am advised that the above named child was placed on/discharged from supervision on \_\_\_\_\_

Please confirm by sending:

- (a) CIC 1
- (b) White Card

1st request sent 9.5.77

James L. McCormick

Also please forward change slips  
for attached

MK

P.13



CHILDREN IN CARE - NOTIFICATION OF CHANGE OF CIRCUMSTANCES

DESPATCH BY FIRST CLASS MAIL TO HEADQUARTERS

STATUTE

SURNAME	FORENAMES	DOB	CASE NO	SECTION	DATE
JAMES COWIE	JAMES FRANCIS	17/10/62	<del>77/62</del> <del>132/26</del> 534T 5401	44 (1) (B)	24/3/77

RESIDENCE CHANGE

<p>PRESENT LOCATION:</p> <p>Address: <u>HOME, 61 CAIRNS ST,</u> <u>KIRKCALDY</u></p> <p>Placement Res Home/List 'D' School/Spec School/Ass Centre/Foster Parent/Prosop Adopter/Relation/ Family Home/Lodgings/Hostel</p>	<p>NEW LOCATION:</p> <p>Address: <u>OAK BANK SCHOOL,</u> <u>ABERDEEN</u></p> <p>Placement Res Home/List 'D' School/Spec School/Ass Centre/Foster Parent/Prosop Adopter/Relation/ Family Home/Lodgings/Hostel</p>	<p>Date of move to new location</p> <p><u>20.4.77</u></p> <p>Period if short term</p>
--	--	---

REASON FOR CHANGE OF LOCATION: Residential supervision requirement imposed.

FINANCIAL

Name and address of person to whom payment should be made:

HEADMASTER  
OAK BANK SCHOOL  
ABERDEEN.

- Notes: 1. If same as new location insert "see above".  
2. If no payment to be made insert "nil".  
3. If additional payments to be made for 3rd and subsequent child complete next section.  
4. Allowances for "special problems" by memo authorised by Area Organiser.

**SOCIAL WORK**  
**29 APR 1977**  
**HEADMASTER**

ADDITIONAL ALLOWANCES

AMOUNT	No of Children in Foster Home	Headquarters Use Only	Initials
		Does total payable exceed limit? Yes/No	

NAME OF SOCIAL WORKER

R. NAPIER

SIGNATURE

R. Napier

AREA

KIRKCALDY

FOR HQ USE
<p>Card ✓</p> <p>Ent O Reg ✓</p> <p>CRW ✓</p> <p>Assess ✓</p> <p>Assess</p> <p>Mother - Nick ✓</p> <p>Father - Nick ✓</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>Fin Assess Form .....</p> <p>School .....</p>