

LOOKING AFTER CHILDREN

ESSENTIAL INFORMATION RECORD

Personal information for a child or young person looked after by a local authority

The Essential Information Record provides baseline information for carers in an emergency. All these questions **must** be answered before any child/young person can be left in a placement. The information should be given to carers with the Placement Agreement.

Forenames

LESLEY ANN

Family name

EDWARDS

Please underline names normally used. If it has been agreed that the child/young person should be known by another name (e.g foster carer's or step-parent's family name), please specify:

Gender

Male

Female

Date of birth

Day

31

Month

05

Year

1996

Date this form first completed:

Day

30

Month

09

Year

1998

Dates of updating

Social Worker's name

ROLAND GLOVER

Responsible authority

DUMFRIES AND GALLOWAY

Area

NITHDALE

Address

5 GORDON ST
DUMFRIES

Postcode

Tel:

PERSONAL DETAILS

The home address is the place where the child/young person normally lived before being looked after by the local authority.

1. Child/young person's home address

105 ANDERSON STREET KELLSHOLM	
Postcode	Tel:

Name of principal carer at this address

JAMES EDWARDS

Relationship to child/young person

FATHER

2. Ethnic/racial origin of birth mother

/

3. Ethnic/racial origin of birth father

- /

4. With what culture does the child/young person most identify?

5. Does the child/young person have a religion YES NO

If yes, please give details and indicate whether Nominal Practising

CATHOLIC

6. Languages spoken at home

First language

ENGLISH

Other languages

--

7. If the child/young person uses a form of communication other than speech (e.g Makaton, British sign language, Bliss), please specify:

NO

HEALTH

8. Ongoing health conditions:

- | | | | |
|--------------------------|---------------------|--------------------------|--|
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Cerebral palsy |
| <input type="checkbox"/> | Coeliac disease | <input type="checkbox"/> | Cystic fibrosis |
| <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Eczema |
| <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Glue ear |
| <input type="checkbox"/> | Hayfever | <input type="checkbox"/> | HIV infection |
| <input type="checkbox"/> | AIDS | <input type="checkbox"/> | Sickle cell anaemia |
| <input type="checkbox"/> | Thalassaemia | <input type="checkbox"/> | Visual impairment |
| <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> | Physical disability or mobility problems |
| <input type="checkbox"/> | Learning Disability | | |

Any other conditions likely to require out-patient appointments or hospital admissions?

YES NO

Please specify and give details of any significant health issues noted above

Allergic to penicillin

9. Does the child/young person have specific dietary needs or restrictions for cultural or health reasons:

YES NO

Please specify

10. Is the child/young person known to suffer from any allergies?

YES NO

Please specify

Penicillin

11. Aids and appliances used by the child/young person, including spectacles, dental fittings and specialist educational equipment (e.g materials in braille):

15. OTHER SIGNIFICANT ADULTS

Parental
Responsibility
Yes No

Name Relationship

Address

Name Relationship

Address

Name Relationship

Address

Name Relationship

Address

16. Brothers and sisters:

Forename Family name

Ethnic/racial origin if different from this child

Date of Birth Day Month Year

Please tick box if looked after away from home

Name of carer Relationship to carer

Relationship to child/young person

Forename

Family name

Ethnic/racial origin if different from this child

Date of Birth

Day

Month

Year

Please tick box if looked after away from home

Name of carer

Relationship to carer

Relationship to child/young person

Forename

Family name

Ethnic/racial origin if different from this child

Date of Birth

Day

Month

Year

Please tick box if looked after away from home

Name of carer

Relationship to carer

Relationship to child/young person

PROFESSIONAL CONTACTS

17. School

School name
Sargwar Academy

Head teacher
Mr Nicholson

Class teacher
Mr Timman

Address

Postcode
Tel:

18. General Practitioner

Name
Dr Edmunds

Address
Kellsdon Clinic
Nite buildings - Kello
Postcode
Tel:

19. Health Visitor

Name

Address

Postcode
Tel:

Information seen by Manager on

Signed: Team Manager

DUMFRIES AND GALLOWAY COUNCIL

SOCIAL SERVICES DEPARTMENT

APPLICATION FOR ADMISSION TO ACCOMMODATION

(To be completed for all Admissions under Section 25 (1)
Children (Scotland) Act 1995

I hereby consent to my child LEXLEY ANNE EDWARDS being admitted to
GIFFORD HOUSE (name of unit). I have been advised in terms of
Section 18 of the Children (Scotland) Act 1995, that I am required to ensure that the
Local Authority is informed of my address. I understand that I may be liable to make
financial contributions in respect of the above named child until he/she reaches the
age of 16 years.

Signature of Parent(s): [Handwritten Signature]
.....
.....

Address: 105 ANDERSON ST
KOLOHOLM
SANQUHAR DG4 6AP

Signature of Social Worker: [Handwritten Signature]
.....

Date of Completion: 30.9.98
.....

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Forenames

Lesleanne

Family name

Edwards

Please underline names normally used. If it has been agreed that the child/young person should be known by another name (e.g. foster carer's or step-parent's family name), please specify:

Lesly

Gender

Male

Female

Date of birth

Day

Month

Year

Date this form first completed:

Day

Month

Year

Dates of updating

23.06.99

Social Worker's name

Lindsay Abrines

Responsible authority

Dumfries and Galloway

Area

Nithsdale

Address

5 Gordon Street
Dumfries

Postcode

Tel: 01387 - 260853

PERSONAL DETAILS

The home address is the place where the child/young person normally lived before being looked after by the local authority.

1. Child/young person's home address

105 Anderson Street Kelloholm	
Postcode	Tel: 01659 - 67243

Name of principal carer at this address

Mr James Edwards (Jim)

Relationship to child/young person

Father

2. Ethnic/racial origin of birth mother

--

3. Ethnic/racial origin of birth father

--

4. With what culture does the child/young person most identify?

White - British

5. Does the child/young person have a religion YES NO

If yes, please given details and indicate whether Nominal Practising

--

6. Languages spoken at home

First language

English

Other languages

--

7. If the child/young person uses a form of communication other than speech (e.g Makaton, British sign language, Bliss), please specify:

N/A

HEALTH

8. Ongoing health conditions:

- | | | | |
|-------------------------------------|---------------------|--------------------------|--|
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Cerebral palsy |
| <input type="checkbox"/> | Coeliac disease | <input type="checkbox"/> | Cystic fibrosis |
| <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Eczema |
| <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Glue ear |
| <input checked="" type="checkbox"/> | Hayfever | <input type="checkbox"/> | HIV infection |
| <input type="checkbox"/> | AIDS | <input type="checkbox"/> | Sickle cell anaemia |
| <input type="checkbox"/> | Thalassaemia | <input type="checkbox"/> | Visual impairment |
| <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> | Physical disability or mobility problems |
| <input type="checkbox"/> | Learning Disability | | |

Any other conditions likely to require out-patient appointments or hospital admissions?

YES NO

Please specify and give details of any significant health issues noted above

9. Does the child/young person have specific dietary needs or restrictions for cultural or health reasons:

YES NO

Please specify

10. Is the child/young person known to suffer from any allergies?

YES NO

Please specify

Allergic to penicillin.

11. Aids and appliances used by the child/young person, including spectacles, dental fittings and specialist educational equipment (e.g materials in braille):

N/A

FAMILY DETAILS

12. MOTHER'S NAME

Forename	Family name
Sharon	Edwards

Mother prefers to be known as

Date of Birth

Day Month Year
(If exact date unknown, please give year)

Address, if different from child/young person

POSTCODE	TEL:

Day-time telephone number, if different from above

13. FATHER'S NAME

Forename	Family name
James	Edwards

Date of Birth

Day Month Year
(If exact date unknown, please give year)

Address, if different from child/young person

POSTCODE	TEL:

Day-time telephone number, if different from above

14. Does the birth father have 'parental responsibility' (The Children Act 1995)?

<input checked="" type="checkbox"/> Yes/married to mother	<input type="checkbox"/> Yes/order
<input type="checkbox"/> Yes/agreement	<input type="checkbox"/> No

15. OTHER SIGNIFICANT ADULTS

Name Relationship Parental Responsibility Yes No x

Address

Name Relationship Parental Responsibility Yes No

Address

Name Relationship Parental Responsibility Yes No

Address

Name Relationship Parental Responsibility Yes No

Address

16. Brothers and sisters:

Forename Family name

Ethnic/racial origin if different from this child

Date of Birth Day Month Year

Please tick box if looked after away from home

Name of carer Relationship to carer

Relationship to child/young person

Brother

Forename

Family name

Ethnic/racial origin if different from this child

Date of Birth

Day

Month

Year

Please tick box if looked after away from home

Name of carer

Relationship to carer

Relationship to child/young person

Forename

Family name

Ethnic/racial origin if different from this child

Date of Birth

Day

Month

Year

Please tick box if looked after away from home

Name of carer

Relationship to carer

Relationship to child/young person

PROFESSIONAL CONTACTS

17. School

School name Galloway Small School

Head teacher Richard and Vivien Jones

Class teacher

Address Carronbridge
Postcode Tel: 01848 - 331480

18. General Practitioner

Name Dr Baker

Address Nith Buildings
Kelloholm
Postcode Tel: 01659 - 67376

19. Health Visitor

Name

Address
Postcode Tel:

Information seen by Manager on

30-06-99

Signed: Team Manager

