

DO NOT
SEND
THIS
PART
TO SWSG

Shane Wilson Child's Name

SWS FORM CH4
DISCHARGES

9 0 1 1 2 3 6 0 4 Child's reference number

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

Return date (month, year)

4-7

						3	8
						8	4

punch skip 8-10

Child's reference number 11-19

9	0	1	1	2	3	6	0	4
---	---	---	---	---	---	---	---	---

Date of birth

20-25

1	6	0	5	6	8
---	---	---	---	---	---

Date of discharge or transfer

26-31

1	0	0	4	8	4
---	---	---	---	---	---

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	8
---	---

THE FIFE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

2 (1/2)

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) Forename(s)	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) PH or Mental Disorder Code
WILSON	Anne Bewick	F *	16.5.68		10.7.84	*

2. AUTHORITY RESPONSIBLE FOR CARE Fife Regional Council

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	01	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)
				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
(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

6. FINANCIAL

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

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:- Susan Hughes
(BLOCK LETTERS)

Signature:- [Signature]

AREA:- Region 9 / 1/5 Smith

Date:- 25/7/84

FOR HQ USE	
CRN	Assessment:
Record Cards:	Director of Finance
Child	Area Officer
Poster Parents	Parents
Letter to Poster Parent	AEWO
Ledger Sheet	CD3
Payable Order	
Photocopy (Fieldwork)	
Assessment Register	
PM 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 _____

STRICTLY CONFIDENTIAL

SWS FORM CH2
Revised 1/4/83

ADMISSION FORM FOR CHILDREN

Please send both parts
of this form to SWSG

Please refer to notes issued for 1/4/83

Please use ink, not pencil, and write
carefully in the centre of each box.

Reference number 1-9

9	0	1	1	2	3	6	0	4
---	---	---	---	---	---	---	---	---

Sex (1=boy, 2=girl) 10

2

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

1	6	0	5	6	8
---	---	---	---	---	---

Surname 17-28

W	I	L	S	O	N				
---	---	---	---	---	---	--	--	--	--

Initials 29-30

A	B
---	---

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

2

A. PERSONAL INFORMATION

Col. 1

3

1 Reference number 2-10

9	0	1	1	2	3	6	0	4
---	---	---	---	---	---	---	---	---

2 Sex (1=boy, 2=girl) 11

2

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

1	6	0	5	6	8
---	---	---	---	---	---

4 Physical handicap or mental disorder 18

1

5 Social Work Department 19-20

3	8
---	---

6 Area Code 21-22

9	0
---	---

C. PRESENT PERIOD OF CARE OR SUPERVISION

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

1	5	0	6	8	3
---	---	---	---	---	---

2 Reason for admission-Statute 37-38

0	6
---	---

Primary reason within statute 39-40

0	1
---	---

3 Accommodation-Type 41-42

0	1
---	---

District code 43-44

3	8
---	---

punch—skip 45-54

4 Number of previous periods of care or supervision 55

1

(if none, enter 0; if 9 or over, enter 9)

SPARE BOXES
for use, see notes

56-57

--	--

58-59

--	--

60-66

--	--	--	--	--	--	--

B. FAMILY INFORMATION (at date of admission)

1 Household composition code 23

3

2 District code of residence 24-25

3	8
---	---

3 Employment code of father 26

0

4 Employment code of mother 27

5

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

5

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

3

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

1

Col. 1

4

D. MOST RECENT PREVIOUS PERIOD OF CARE OR SUPERVISION

punch—reproduce columns 2-10

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

1	9	0	8	8	0
---	---	---	---	---	---

Reason for admission-Statute 17-18

0	1
---	---

Primary reason within statute 19-20

1	4
---	---

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

1	9	0	9	8	0
---	---	---	---	---	---

Reason for discharge 27

3

4 (1/2)

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
WILSON	Anne Bewick	F *	16.5.68		15.6.83	*

2. AUTHORITY RESPONSIBLE FOR CARE

FIVE

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	01	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)
3 *	5 *	3 *	0 *	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	3 Dick Be-Acc	(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

6. FINANCIAL

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

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:- John Hughes
(BLOCK LETTERS)

Signature:- John Hughes

AREA:- D/F South

Date:- 23/6/83

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

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

SOCIAL WORK DEPT.
27 JUN 1983
HEADQUARTERS

DO NOT
SEND
THIS
PART
TO SWSG

SWS FORM CH4
DISCHARGES

ANNE WILSON

Child's Name

9	0	1	1	2	3	6	0	4
---	---	---	---	---	---	---	---	---

Child's reference number

CONFIDENTIAL

SWS FORM CH4
Revised 1/4/78

INDIVIDUAL RETURN SYSTEM FOR CHILDREN MONTHLY RETURN OF DISCHARGES

Social Work Department

C.T. 6

Return date (month, year)

2,3

3 8

4-7

0	9	8	0
---	---	---	---

punch skip 8-10

Child's reference number 11-19

9	0	1	1	2	3	6	0	4
---	---	---	---	---	---	---	---	---

Date of birth

20-25

1	6	0	5	6	8
---	---	---	---	---	---

Date of discharge or transfer

26-31

1	9	0	9	8	0
---	---	---	---	---	---

INFORMATION ON DISCHARGE OR TRANSFER

Reason if discharge (transfer=8)

32

3

if transfer, code of receiving SWD

33, 34

--	--

BEFORE DISCHARGE OR TRANSFER

Reason for being in care or
under supervision

statute

0	1
---	---

37, 38

1	4
---	---

Accommodation

type

39, 40

0	3
---	---

41, 42

location

3	8
---	---

6 (1/2)

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
WILSON	ANNE	M F*	16/5/68		19/9/80	*

2. AUTHORITY RESPONSIBLE FOR CARE FIFE REGIONAL COUNCIL

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
FOSTER PARENTS	112 Mrs Gillan Dunfermline		
(d) Reason for Moving Code (If Code 9, specify reason):-		(e) Date of move to new Location	
		19/9/80	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	
Home	3 Dick Place Rosyth		

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

SOCIAL WORK DEPT.

24 SEP 1980

HEADQUARTERS (Revised May 1977)

6. FINANCIAL

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

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

8. REASON FOR DISCHARGE CODE (If Code 9, specify reason):- 3.

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

Mother out of hospital, e has convalesced so able to have ^{older} children home. Placement finished.

19/9/80

SOCIAL WORKER: NAME:- ANN MARIE SCOTT Signature:- Ann Marie Scott
 (BLOCK LETTERS)
 AREA:- DUMFREMLINE SOUTH Date:- 19/9/80

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 CD3

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

7 (1/2)

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
WILSON	ANNE	F *	16/5/68	6342	19/8/80	*

2. AUTHORITY RESPONSIBLE FOR CARE FIFE REGIONAL COUNCIL

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
01	14	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)
3	5	3 rd eldest	5	Father:- Divorced/unemployed Mother:- 5

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	3 DICK PLACE, ROSYTH	38	38
(d) Reason for Moving Code (If Code 9, specify reason):-	(e) New Address:-	(f) Date of move to new Location	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	M R & MRS GILLAN, DUNFERMLINE	19/8/80	
03		(h) Period if short term Possibly 3 weeks	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

6. FINANCIAL

Name and address of person to whom payment should be made:- <p style="text-align: center;">Michael Gillan, Dunfermline</p>	NOTES 1. If same as new location insert "see over". 2. If no payment to be made insert "nil". 3. If additional payments to be made for 3rd and subsequent child. See section 7. 4. Allowance for "special problems" - by memo authorised by Area Organiser
--	--

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

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

SOCIAL WORK DEPT.

22 AUG 1980

HEADQUARTERS

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

Kiltern hospital & no other relative able to
care for rest of family. Section 15
admission

SOCIAL WORKER: NAME:- ANN MARIE SCOTT (BLOCK LETTERS) Signature:- Ann Marie Scott

AREA:- DUNFERMLINE SOUTH Date:- 19/8/80

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 CDS Memo to SW ✓

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

THE FIFE REGIONAL COUNCIL

9

To
From
Date
Our Ref.
Your Ref.
SUBJECT

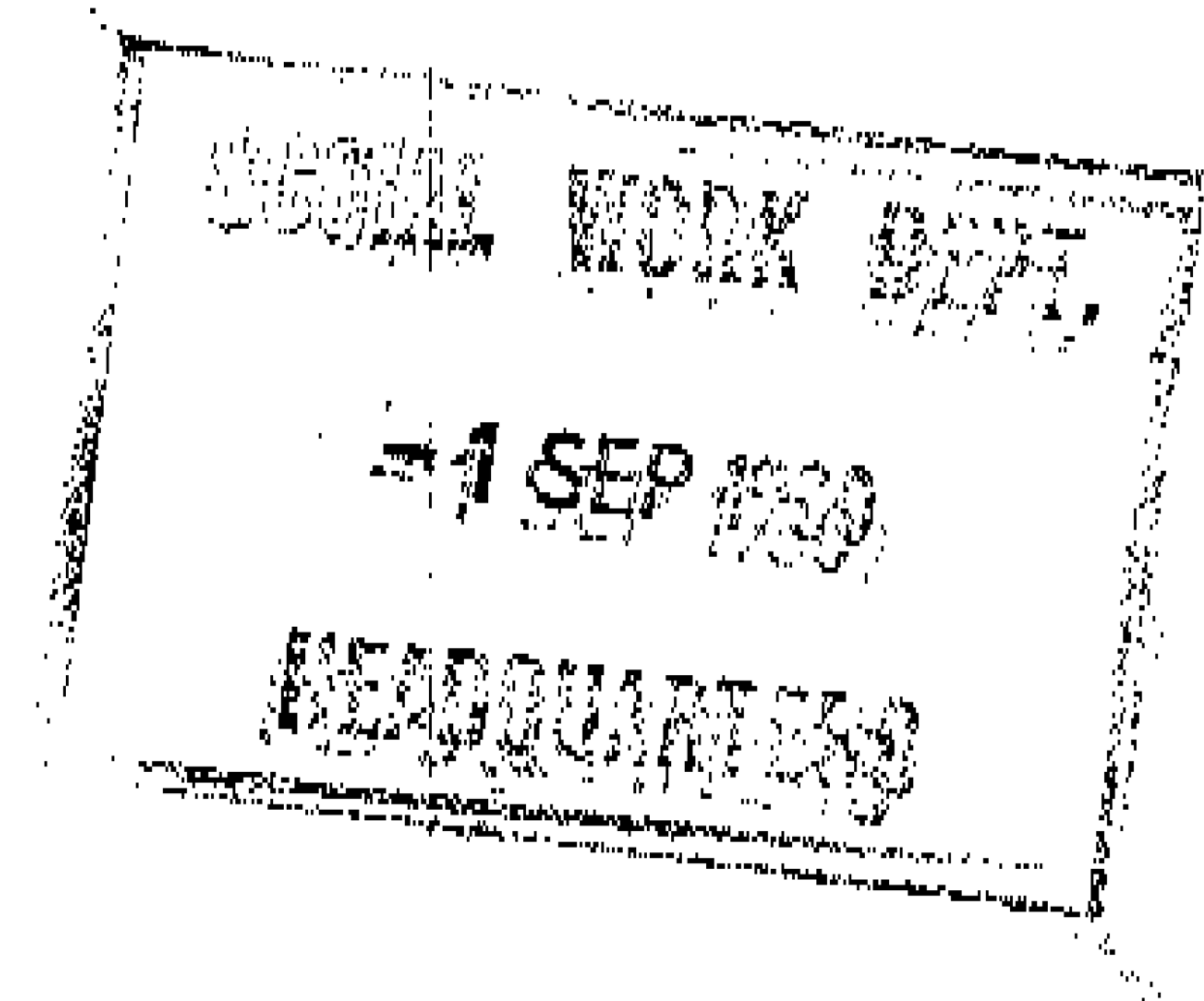
DIRECTOR OF SOCIAL WORK
ANN SCOTT (SW)
28th August 1980
AMS/JA

Anne Wilson, 16.5.68

I refer to your memo dated 25th August in which you advise me of case register numbers for the above named children.

Ann Marie Scott
ANN MARIE SCOTT
Social Worker

Copies to



18

Anne Marie Scott, Dunfermline South
Director of Social Work
25 Aug 80
DSW/2.000/VAK

ANNE WILSON - DOB 16.5.68

I have to advise you that the case register numbers for the
above named children are 6341, 6342, 6343 and 6344 respectively.

Director of Social Work

48
MA GILLESPIE
XXXXXXXXXX

Mrs L Gillan

DUNFERMLINE
Fife

DSW/2.000/VAK

Miss V Kemlo

25 Aug 80

Dear Mrs Gillan

ANNE WILSON - DOB 16.5.68

I have to advise you that as from 19 Aug 80 you have been appointed foster mother to the above named children.

I attach a scale of allowances for your information.

Yours sincerely

Director of Social Work