RONEODEX SYSTEMS, RONEO VICKERS LTD., LANSDOWNE ROAD, CROYDON, SURREY, CR9 2HA

RONEODEX CARD No. ED.Y3913—10,016

CHILDS NAME KEMP, James 6370

DATE OF BIRTH 24.5.68

RELIGION

HOME ADDRESS ON R.I.C. 20 Mcintosh Crescent, Leven.

DATE FIRST R.I.C. 10.6.80

CARE AUTHORITY F.R.C.

AUTHORITY FINANCIALLY RESPONSIBLE F.R.C.

REASON R.I.C. — FAMILY BACKGROUND Section 15

1 (1 of 2)

PARENTAL RIGHTS OR COURT ORDERS

FATHER	MOTHER
NAME William Kemp	Jessie Kemp

CHILDS NAME James Kemp

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42

CHILDS NAME James Kemp

DATE	ALL PLACEMENTS AND DISCHARGE (RED) ADDRESSES	Code	SCHOOL	DATE	CASELOADING
10.6.80	Rimbleton House, Glenrothes (Section 15)		Leven Area	11-7-80	Mr Robertson
24-7-80	Returned to care of parents.		"	29-7-80	Mr Packham
8-9-80	20 McIntosh Crescent, Leven	44(1)(a)	"	16.9.80	Mr Robertson
8-10-80	Oakbank List D School, Aberdeen	44(1)(b)	"	16.10.80	" "
22.6.81	20 McIntosh Crescent, Leven	44(1)(a)	Leven Area	26-6-81	Andrew Rhodes
11.5.82	Supervision order terminated		—	13/5/82	S. Fullarton
6.8.83	20 McIntosh Crea Leven (4419)		Leven	15/8/83	S Young.
17.2.84	Supervision order terminated		—	23/4/84	—

DO NOT SEND THIS PART TO SWSG

Child's Name

Child's reference number

SWS FORM CH4
DISCHARGES

CONFIDENTIAL

2

SWS FORM CH4
Revised 1/4/78

INDIVIDUAL RETURN SYSTEM FOR CHILDREN
MONTHLY RETURN OF DISCHARGES

C.T. 6

Social Work Department — 2, 3

Return date (month, year) — 4-7

punch skip 8-10

Child's reference number — 11-19

Date of birth — 20-25

Date of discharge or transfer — 26-31

INFORMATION ON DISCHARGE OR TRANSFER

Reason if discharge (transfer=8) — 32

If transfer, code of receiving SWD — 33, 34

BEFORE DISCHARGE OR TRANSFER

Reason for being in care or under supervision — statute 35, 36; primary reason 37, 38

Accommodation — type 39, 40; location 41, 42

I.P.C. Ltd. Dd 8358196 3/81

THE FIFE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

CIC – 1

3 (1982)

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
KEMP	JAMES	M *	24/5/68	CM&C 108	13/7/84	1 *

2. AUTHORITY RESPONSIBLE FOR CARE 3/6

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)
1 *	1 *	7 *	– *	Father:- 6 *
(f) Parental Rights Resolution Code:-				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	(c) (ii) After Change
01	20 McINTOSH CRESC LENEN	36	36
(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:-	NA	(h) Period if short term

FINANCIAL AND OTHER INFORMATION – SEE OVERLEAF

(Revised Jan 1982)

3 (2of2)

6. FINANCIAL

Name and address of person to whom payment should be made:-	NOTES
N A	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):- 1

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

SUPERVISION TERMINATED
follow up rule 10 review.

SOCIAL WORKER: NAME:- JOHN YOUNG
(BLOCK LETTERS)

Signature:-

AREA:- LEVEN MOUTH.

Date:- 18-7-84

FOR HQ USE		FOR AREA USE	
CRN	Assessment Parental Cont Cards	Entered:	For 44(1)(b) only:
Record Cards: Child Foster Parents	LISTS:- 5 years, 11 years, 13 years, 16 years, 18 years.	Card _____	RIC Form _____
Letter to Foster Parent Ledger Sheet Payable Order Photocopy (Fieldwork)		Birthday Book _____	Financial Assess. Form _____
PM Book List D Register 12 and Under Register Overpayment Book Stats		Register _____	School _____

4

STRICTLY CONFIDENTIAL

Please send both parts of this form to SWSG

ADMISSION FORM FOR CHILDREN

Please refer to notes issued for 1/4/83

SWS FORM CH2
Revised 1/4/83

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

Reference number 1-9: 6 0 1 1 1 9 9 0 6

Sex (1=boy, 2=girl) 10: 1

Date of birth (D.M.Y.) 11-16: 2 4 0 5 6 8

Surname 17-28: K E M P

Initials 29-30: S

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

A. PERSONAL INFORMATION

Col. 1: 3

1 Reference number 2-10: 6 0 1 1 1 9 9 0 6

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

3 Date of birth (D.M.Y.) 12-17: 2 4 0 5 6 8

4 Physical handicap or mental disorder 18: 1

5 Social Work Department 19-20: 3 6

6 Area Code 21-22: 6 0

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: 6

4 Employment code of mother 27: 5

5 Number of children in household (9 or over, enter 9) 28: 1

6 Birth order of child (9 or over, enter 9) 29: 7

7 Number of siblings in care or under supervision (9 or over, enter 9) 30: 0

C. PRESENT PERIOD OF CARE OR SUPERVISION

1 Date of admission (D.M.Y.) 31-36: 0 8 0 8 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 6

punch—skip 45-54

4 Number of previous periods of care or supervision (if none, enter 0; if 9 or over, enter 9) 55: 2

SPARE BOXES for use, see notes

56-57

58-59

60-66

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: 0 8 0 9 8 0

Reason for admission–Statute 17-18: 0 6

Primary reason within statute 19-20: 0 2

Date of discharge (D.M.Y.) 21-26: 1 1 1 0 1 5 8 2

Reason for discharge 27: 1

5 (1/2)

(a) Surname	(b) First name	(c) Sex	(d) Date of Birth	(e) Status	(f) Date of Change	(g) Ethnic Origin
V/EMP	JAMES	M	24.5.68	LM 80 108		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	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)
1	1	7	-	Father:- 6
(f) Parental Rights Resolution Code:-				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	20 MCINTOSH CRESC LEVEN	36	36.
(d) Reason for Moving Code (If Code 9, specify reason):- 4		(e) Date of move to new location N A.	
(f) New Accommodation Type Code (If Code 99, specify accommodation) 01	(g) New Address:- as above.	(h) Period if short ter...	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

1

(Revised) Jan 1979

5 (2 of 2)

N A.	1. If [illegible] [illegible] 2. If [illegible] [illegible] 3. If [illegible] [illegible] 4. Allowances for "special" children - by whom authorised & [illegible]

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:-

HOME SUPERVISION ORDER
s4 (1)(a).
8-8-83

SOCIAL WORKER: NAME:- J F YOUNG (BLOCK LETTERS) Signature ———————

AREA:- LENNOX Date:- 30-8-83

FOR HQ USE

CRE

Record Cards:
Child
Foster Parents

Letter 1: Foster Parent
Ledger Sheet
Payable Order
Photocopy (Fieldwork)

FM Book
List 1 Register
12 and Under Register
Overpayment Book
Stair

Assessment
Parental Cont Cards

LISTS:-
5 years, 11 years,
13 years, 16 years,
18 years.

FOR AREA USE

Entered:

Card ———————

Birthday Book ———————

Register ———————

For 44(1)(b) only:

NIC Form ———————

Financial Assess. Form ———————

School ———————

6

~~Dennis Conroy~~
~~J. Fullerton~~ - Leven Area John Young.
Director of Social Work
29th August 1983
DSW/2.000/MI

JAMES KEMP - DOB 24.5.68

From our records we note that the above named childaattended sa Children's Hearing on 8.8.83, and a supervision requirement of a 44 (1)(a) was made. Could you please forwadd the necessary CIC1 form to HQ as soon as possible.

DIRECTOR OF SOCIAL WORK

DO NOT SEND THIS PART TO SWSG

Child's Name

Child's reference number

SWS FORM CH4
DISCHARGES

CONFIDENTIAL

7

SWS FORM CH4
Revised 1/4/78

INDIVIDUAL RETURN SYSTEM FOR CHILDREN
MONTHLY RETURN OF DISCHARGES

C.T. 6

Social Work Department 2, 3 3 6

Return date (month, year) 4-7 0 5 8 2

punch skip 8-10

Child's reference number 11-19 6 0 1 1 1 9 9 0 6

Date of birth 20-25 2 4 0 5 6 8

Date of discharge or transfer 26-31 1 1 0 5 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 0 6 37, 38 0 3

Accommodation

type 39, 40 0 1

location 41, 42 3 6

I.P.C.Ltd. Dd 8050271

THE FIFE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

05.

CIC - 1

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

8(1)(f)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) Mental Disorder Code *
KEMP.	JAMES.	M.	24:5:68.	-	11/5/82.	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 *
06.	03.	-

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.	* 2	* 7	* -	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	(c) (ii) After Change
01.	20. M'INTOSH CRESC. LEVEN FIFE.	36	36.
(d) Reason for Moving Code (If Code 9, specify reason):- 4.		(e) Date of move to new Location: N.A.	
(f) New Accommodation Type Code (If Code 99, specify accommodation) 01.	(g) New Address:- AS ABOVE.	(h) Period if short term: —	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

(Revised June 1982)

8 (2of2)

6. FINANCIAL

Name and address of person to whom payment should be made:-	NOTES
N.A.	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):- 1.

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

HOME SUPERVISION ORDER 44 (1) (A).
TERMINATED AT REVIEW HEARING.

SOCIAL WORKER: NAME:- (BLOCK LETTERS) A.H. FULLERTON. Signature:- A

AREA:- LEVENMOUTH. Date:- 11 MAY 82.

FOR HQ USE

CRN

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
Blank

Assessment
Parental Cont Cards

LISTS:-
5 years, 11 years,
13 years, 16 years,
18 years.

FOR AreA USE

Entered:

Card _____

Birthday Book _____

Register _____

For 44(1)(b) only:

RIC Form _____

Financial Assess. Form _____

School _____

(Revised Jan 1982)

DO NOT SEND THIS PART TO SWSG

James Kemp ..... Child's Name

6	0	1	1	1	9	9	0	6

Child's reference number

SWS FORM CH3
CHANGES

CONFIDENTIAL

SWS FORM CH3
Revised 1/4/78

9

INDIVIDUAL RETURN SYSTEM FOR CHILDREN
MONTHLY RETURN OF NOTIFIABLE CHANGES

C.T. 5

Social Work Department 2,3 3 6

Return date (month, year) 4-7 0 6 8 1

punch skip 8-10

Child's reference number 11-19 6 0 1 1 1 9 9 0 6

Date of birth 20-25 2 4 0 5 6 8

Date of change 26-31 2 2 0 6 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
	0 7	0 2		0 6	0 1

ACCOMMODATION (leave blank if child has not moved)

	Before			After	
	type	location		type	location
	40, 41	42, 43	44, 45		46, 47
	2 4	4 2	0 1		3 6

Reason for moving 48 4

PARENTAL RIGHTS RESOLUTION - Reason 49

	Before		After	
AREA CODE	50, 51		52, 53	

I.P.C.Ltd. Dd 8050271

THE FIFE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

CIC - 1

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) PH or Mental Disorder Code *
KEMP	JAMES	M	24-5-68	LM 80 108	22/6/81	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 *
06	01	2

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	2	5	1	Father:- 6 *
(f) Parental Rights Resolution Code:-				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	(c) (ii) After Change
25	C/O OAKBANK LIST "D" SCHOOL MIDSTOCKET ROAD ABERDEEN	36	36
(d) Reason for Moving Code (If Code 9, specify reason):- 4		(e) Date of move to new Location 22-6-81	
(f) New Accommodation Type Code (If Code 99, specify accommodation) 01	(g) New Address:- 20 MCINTOSH CRES LEVEN	(h) Period if short term	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

(Revised May 1977)

10 (2of2)

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 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:- ANDREW ROBERTSON
(BLOCK LETTERS)

Signature:- [signature]

AREA:- LEVENMOUTH

Date:- 23-6-81

FOR HQ USE

SOCIAL WORK DEPT. 23 JUN 1981 CID

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 _____

11

Mr A Robertson, Leven Area
Director of Social Work
16 Oct 80
DSW/2.000/PS

JAMES KEMP - B. 24.5.68

I have to advise you that the case register number for the above named child is 6370.

DIRECTOR OF SOCIAL WORK

DO NOT SEND THIS PART TO SWSG

JAMES KEMP ..... Child's Name

6	0	1	1	1	9	9	0	6

Child's reference number

SWS FORM CH3
CHANGES

CONFIDENTIAL

12

SWS FORM CH3
Revised 1/4/78

INDIVIDUAL RETURN SYSTEM FOR CHILDREN
MONTHLY RETURN OF NOTIFIABLE CHANGES

	C.T.	5
Social Work Department	2,3	3 6
Return date (month, year)	4-7	1 0 4 0

punch skip 8-10

Child's reference number	11-19	6 0 1 1 1 9 9 0 6
Date of birth	20-25	2 4 0 5 6 8
Date of change	26-31	0 8 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
	0 6	0 2	0 7	0 2

ACCOMMODATION (leave blank if child has not moved)

	Before		After	
	type	location	type	location
	40, 41	42, 43	44, 45	46, 47
	0 1	5 6	2 5	2 4

Reason for moving 48 4

PARENTAL RIGHTS RESOLUTION - Reason 49

	Before	After
AREA CODE	50, 51	52, 53

I.P.C.Ltd. Dd 8050271

THE FIFE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

CIC – 1

13 (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) PI or Mental Disorder Code
KEMP	JAMES BERNARD	M *	24/5/68	LM30 ~~LS~~ 6370	8/10/80	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
~~21~~ 01	~~01~~ 02.	2 *

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 *	2 *	7 *	*	Father:- 6 *
(f) Parental Rights Resolution Code:-				Mother:- 5 *

5. CHANGE OF RESIDANCE

(a) Present Accommodation Type Code (If Code 99, specify accommodation)	(b) Address before change:-	(c) District Code of Usual Residence (i) Before Change	(c) (ii) After Change
01	9D MCINTOSH CRES LEVEN	36	36
(d) Reason for Moving Code (If Code 9, specify reason):-		(e) Date of move to new Location	
		8-10-80	
(i) New Accommodation Type Code (If Code 99, specify accommodation) 25	(g) New Address:- OAKBANK SCHOOL ABERDEEN	(h) Period if short term	

FINANCIAL AND OTHER INFORMATION – SEE OVERLEAF

(Revised May 1977)

13 (2)(2)

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 payments to be made for 3rd and subsequent child. See section 7. 4. Allowance for "special problems" - by memo authorised by Area Organiser
SEE OVER	

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:- ANDREW ROBERTSON (BLOCK LETTERS) Signature:-

AREA:- LEVENMOUTH Date:- 13-10-80

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 N.A. CD3 Memo to S.W. ✓

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

(Revised May 1977)

THE FIFE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

CIC - 1

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

14 (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
KEMP	JAMES BERNARD	M *	24-5-68	LM80/108	8/9/80	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
21 06	02	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 *	2 *	7 *	*	Father:- 6 *
				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	(c) (ii) After Change
01	20 MCINTOSH CRES LEVEN	36	36
(d) Reason for Moving Code (If Code 9, specify reason):-		(e) Date of move to new Location	
		8-9-80	
(f) New Accommodation Type Code (If Code 99, specify accommodation) 01	(g) New Address:- AS ABOVE	(h) Period if short term	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

14 (2of2)

6. FINANCIAL

Name and address of person to whom payment should be made:-	NOTES
NIL	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:- ANDREW ROBERTSON (BLOCK LETTERS) Signature:- _____

AREA:- LEVEN Date:- 15-9-80

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 _____

(Revised May 1977)

STRICTLY CONFIDENTIAL

SWS FORM CH2
Revised 1/4/78

ADMISSION FORM FOR CHILDREN

15

Please send both parts of this form to SWSG

Please refer to notes issued for 1/4/78

Reference number 1-9: 6 0 1 1 1 9 9 0 6

Sex (1=boy, 2=girl) 10: 1

Date of birth (D.M.Y.) 11-16: 2 4 0 5 6 8

Surname 17-28: K E M P

Initials 29-30: J

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

A. PERSONAL INFORMATION

Col. 1: 3

1 Reference number 2-10: 6 0 1 1 1 9 9 0 6

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

3 Date of birth (D.M.Y.) 12-17: 2 4 0 5 6 8

4 Physical handicap or mental disorder 18: 1

5 Social Work Department 19-20: 3 6

6 Area Code 21-22: 6 0

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: 6

4 Employment code of mother 27: 5

5 Number of children in household (9 or over, enter 9) 28: 2

6 Birth order of child (9 or over, enter 9) 29: 7

7 Number of siblings in care or under supervision (9 or over, enter 9) 30: 0

C. PRESENT PERIOD OF CARE OR SUPERVISION

1 Date of admission (D.M.Y.) 31-36: 0 8 0 9 8 0

2 Reason for admission–Statute 37-38: 0 6

Primary reason within statute 39-40: 0 2

3 Accommodation–Type 41-42: 0 1

District code 43-44: 3 6

Date of placement (D.M.Y.) 45-50 *(if applicable)*: 0 8 0 9 8 0

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: 1

SPARE BOXES for use, see notes

56-57:

58-59:

60-66:

Col. 1: 4

punch–reproduce columns 2-10

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

1 Date of admission (D.M.Y.) 11-16: 1 0 0 6 8 0

Reason for admission–Statute 17-18: C 1

Primary reason within statute 19-20: 2 1

Date of discharge (D.M.Y.) 21-26: 2 4 0 7 8 0

Reason for discharge 27: 3

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:

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:

I.P.C.Ltd. Dd 8050271

DO NOT SEND THIS PART TO SWSG

James Ramp ..... Child's Name

6 0 1 1 1 9 9 0 6 Child's reference number

SWS FORM CH4
DISCHARGES

CONFIDENTIAL

16

SWS FORM CH4
Revised 1/4/78

INDIVIDUAL RETURN SYSTEM FOR CHILDREN
MONTHLY RETURN OF DISCHARGES

C.T. 6

Social Work Department — 2, 3: 5 6

Return date (month, year) — 4-7: 0 7 8 0

punch skip 8-10

Child's reference number 11-19: 6 0 1 1 1 9 9 0 6

Date of birth — 20-25: 2 4 0 5 6 8

Date of discharge or transfer — 26-31: 2 4 0 7 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: 2 1

Accommodation — type: 3) — 39, 40 — 41, 42 — location: 3 0

Polton House Press Dd 610750

THE FIFE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

CIC - 1

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

17 (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
KEMP	JAMES	*	24.5.68		24.7.80	*

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
21	02	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	(c) (ii) After Change
26	RINGLETON HOUSE GLENROTHES	36	36
(d) Reason for Moving Code (If Code 9, specify reason):- 03		(e) Date of move to new Location 24.7.80	
(f) New Accommodation Type Code (If Code 99, specify accommodation) 01	(g) New Address:- 20 MCINTOSH CRESCENT LEVEN	(h) Period if short term	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

(Revised May 1977)

18

Mr Robertson, Leven Area
Director of Social Work
3 Jul 80
DSW/2.000/VAK

JAMES KEMP - DOB 25.5.68

Thank you for your CIC-1 form dated 10 Jun 80 in respect of the above named child.

I would be grateful if you could please forward a white roneo card to HQ as soon as possible.

Director of Social Work

19

Mr Robertson, Leven Area
Director of Social Work
26 Jun 80
DSW/2.000/VAK

JAMES KEMP - DOP 24.5.68

I note that the above named child was admitted to Rimbleton House on 10 Jun 80.

On checking my records I find that I have had no previous correspondance on this child and therefore I would be grateful if you could please forward a white roneo card and CIC-1 form to HQ as soon as possible.

Director of Social Work

THE FIFE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

CIC - 1

20 (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 *
KEMP	~~WILLIAM~~ JAMES	M	24-5-68	LM 80 108	10, 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
~~21~~ 01	~~02~~ 21	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 *	2 *	7 *	*	Father:- 6 *
				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	(c) (ii) After Change
01	90 McINTOSH CRES LEVEN	36	36
(d) Reason for Moving Code (If Code 9, specify reason):-		(e) Date of move to new Location	
		10-6-80	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	
2C 26	RIMBLETON HOUSE ASSESSMENT CENTRE GLENROTHES	6 WKS	

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

[illegible]

(Revised May 1977)

CIC - 1

20 (2of2)

6. FINANCIAL

Name and address of person to whom payment should be made:-	NOTES
NIL	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:- ANDREW ROBERTSON (BLOCK LETTERS) Signature:-

AREA:- LEVENMOUTH Date:- 1-7-80

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 _____ RIC Form _____

Birthday Book _____ Financial Assess. Form _____

Register _____ School _____

For 44(1)(b) only:

(Revised May 1977)

STRICTLY CONFIDENTIAL

Please send both parts of this form to [redacted]SG

SWS FORM CH2
Revised 1/4/78

ADMISSION FORM FOR CHILDREN

21

Please refer to notes issued for 1/4/78

Reference number 1-9: 6 0 1 1 1 9 9 0 6

Sex (1=boy, 2=girl) 10: 1

Date of birth (D.M.Y.) 11-16: 2 4 0 5 6 8

Surname 17-28: K E M P

Initials 29-30: S

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

A. PERSONAL INFORMATION

Col. 1: 3

1 Reference number 2-10: 6 0 1 1 1 9 9 0 6

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

3 Date of birth (D.M.Y.) 12-17: 2 4 0 5 6 8

4 Physical handicap or mental disorder 18: 1

5 Social Work Department 19-20: 3 6

6 Area Code 21-22: 6 0

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: 6

4 Employment code of mother 27: 5

5 Number of children in household (9 or over, enter 9) 28: 2

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

C. PRESENT PERIOD OF CARE OR SUPERVISION

1 Date of admission (D.M.Y.) 31-36: 1 1 0 0 1 6 8 1 0

2 Reason for admission–Statute 37-38: 0 1

Primary reason within statute 39-40: 2 1

3 Accommodation–Type 41-42: 2 1

District code 43-44: 3 6

Date of placement (D.M.Y.) 45-50 *(if applicable)*: 1 1 0 0 1 6 8 1 0

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: 0

SPARE BOXES for use, see notes

56-57:

58-59:

60-66:

Col. 1: 4

punch–reproduce columns 2-10

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:

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:

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:

I.P.C.Ltd. Dd 8050271