

1  
C10/2

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

children's  
date of hearing

1. DETAILS OF CHILD

(a) Surname	(b) Forenames	(c) Sex	(d) DOB	(e) Case No	(f) Date of Change	(g) ICD 10 or ICD 9 Disorder Code
SUTHERLAND	WILL	*	4/2/62		25/1/78	*

2. AUTHORITY RESPONSIBLE FOR CARE

38

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:-
				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
30 13	WINWOOD HALL SCHOOL LEVEN	36	38
(d) Reason for Moving Code (If Code 9, specify reason):-	4	(e) Date of move to new Location 23.12.77 END SCHOOL TERM IN DECEMBER 77	
(f) New Accommodation Type Code (If Code 99, specify accommodation)	(g) New Address:-	(h) Period if short term	
01	17 DON ROAD DUNFERMLINE		

FINANCIAL AND OTHER INFORMATION - SEE OVERLEAF

7  
(2/2)

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>
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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:-

SOCIAL WORKER: NAME:- ALLISON SMITH  
(BLOCK LETTERS)

Signature:- Allison Smith

AREA:- DUNFERMLINE SOUTH

Date:- 25/1/78

FOR HQ USE

CRN Record Cards: Child ✓ Foster Parents Additions Register FP Register Maintenance/Payable Order Discharge Register Assessment Register PM Book List D Register Residential Register ✓ Stats ✓	Assessment: <del>Director of Finance</del> <del>Area Officer</del> <del>Parents</del> <del>ASWO</del> <del>CD3</del> Nil
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FOR AREA USE

Entered:	For 4(1)(b) only:
Card _____	RIC Form _____
Birthday Book _____	Financial Assess. Form _____
Register _____	School _____

SOCIAL WORK DEPT  
 27 JAN 1978  
 HEADQUARTERS

Reference number 1-9 **800965810**

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

Date of birth (D.M.Y.) 11-16 **04 02 62**

Surname 17-28 **SUTHERLAND**

Initials 29-30 **N**

**A. PERSONAL INFORMATION**

1 Reference number 2-10	Col. 1	5
<b>800965810</b>		
2 Sex (1=boy, 2=girl)	11	1
3 Date of birth (D.M.Y.) 12-17		
<b>04 02 62</b>		
4 Physical handicap or mental disorder	18	1
5 Responsible social work authority	19-20	<b>32</b>

6 Most recent previous accommodation (if applicable)

Type of accommodation	64-65	
District code	66-67	
Date of placement (D.M.Y.) (if applicable)	68-73	
Reason for moving	74	
7 Number of previous periods of care or supervision (if none, enter 0; if 9 or over, enter 9)	75	<b>0</b>

**B. FAMILY INFORMATION (at date of admission)**

1 Household composition code	21	<b>3</b>
2 District code of residence	22-23	<b>38</b>
3 Employment code of father	24	<b>0</b>
4 Employment code of mother	25	<b>2</b>
5 Number of children in household (9 or over, enter 9)	26	<b>1</b>
6 Birth order of child (9 or over, enter 9)	27	<b>1</b>
7 Number of siblings in care or under supervision (9 or over, enter 9)	28	<b>1</b>

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

punch-reproduce columns 2-10

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		

**C. PRESENT PERIOD OF CARE OR SUPERVISION**

1 Date of admission (D.M.Y.) 29-34	<b>3 0 1 1 7 6</b>
2 Reason for admission-Statute	35-36 <b>07</b>
Primary reason within statute	37-38 <b>01</b>
3 Reason(s) for being in care or under supervision at census date (if different)	
(a) Statute	39-40
Primary reason within statute	41-42
(b) Statute	43-44
Primary reason within statute	45-46
4 Parental rights resolution current at census date	
Reason	47
Date of resolution (D.M.Y.) 48-53	
5 Accommodation at census date	
Type of accommodation	54-55 <b>13</b>
District code	56-57 <b>36</b>
Date of placement (D.M.Y.) (if applicable) 58-63	<b>3 0 1 1 7 6</b>

REGIONAL  
FIFE COUNTY COUNCIL  
SOCIAL WORK HEADQUARTERS

3

FROM Director of Social Work

TO Mrs A Smith Dunfermline South

OUR REF. DS7/2.000/LW

YOUR REF.

DATE 11 Jan 77

SUBJECT: NEIL SUMMERLAND B. 4.2.62

As the above named child/children was/were received into care on 30.11.76 and I received a white card/change slip/assessment form. I would be grateful if you would forward the necessary ~~white card/change slip/assessment form~~ to HQ as soon as possible.

The case register number for Neil is 5288.

*John Carmack*

LW

CHILD MOVEMENT REPORT

NAME(S) OF CHILD(REN)

Neil Sutherland

CASE REGISTER NUMBER(S) 5288

DATE(S) OF BIRTH 4.2.62

FROM home address 17 Don Road

TO Linnwood Hall

DATE

DATE OF HEARING 30.11.76

PLACE OF HEARING Dunfermline

REASON FOR REFERRAL TO HEARING

SECTION 32(2) (.....)

DECISION OF HEARING - ~~44(1)(a)~~/44(1)(b)  
(Delete which is not applicable)

with condition of residence at Linnwood Hall

REMARKS .....  
.....  
.....

NAME OF SOCIAL WORKER

Mrs. A. Smith

Dunfermline

Carnegie Clinic AREA

DATE

21.12.76

FOR H.Q. USE

Card ✓  
CRN ✓  
Area ✓  
Book ✓  
~~People~~ (?)  
~~.....~~  
~~.....~~

Assess  
NIL ✓

FOR AREA USE:

Entered .....  
Card .....  
Birthday Book .....  
Register .....

For 44(1)(b) only:-

R.I.C. Form .....  
Fin. Assess. Form .....  
School .....

SOCIAL WORKER  
22 DEC 1976  
HEADQUARTERS

338  
5.96  
44

REGIONAL  
XXXXXXXXXX  
SOCIAL WORK HEADQUARTERS

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Director of Social Work

Mrs Smith, Dunfermline South

DST/2.000/LT

4 Feb 77

NEIL SUTHERLAND B. 1.2.62

I have to inform you that Mrs I Sutherland, 17 Don Road, Dunfermline has been assessed as nil in respect of the above named child.

L7



FIFE REGIONAL COUNCIL - SOCIAL WORK DEPARTMENT

Parental Contribution Form - Children in the Care of the Council

6  
C142

Name(s) of Children maintained by Council      Dates of Birth      Types of Case      CR3

NEIL SUTHERLAND

4/2/62

Pupil at  
Linwood Hall Residential  
School.

Names and Relationship of and Other Dependants

Age

Father's Name:  
Father's Address:  
Married, Single or Widower:  
Occupation:  
Employer's Name and Address:

Mother's Name: MRS I. SUTHERLAND  
Mother's Address: 17 DON ROAD  
Married, Single or Widow: D. VERED.  
Occupation: BUS CONDUCTRESS  
Employer's Name and Address:  
ALEXANDERS, ST. LEONARDS ST.  
DUNFERMLINE

INCOME (Weekly Average)

Weekly Wage of Husband (Nett) £  
Weekly Wage of Wife (Nett) £  
National Health Insurance  
Unemployment Insurance  
NAB Allowance  
Guardian's Allowance  
Widows, Orphans and Retirement Pension  
Family Allowance  
Other Pensions etc  
Income from Affiliation Orders  
Any other income

EXPENDITURE (Weekly Average) £

Rent )  
Rates )  
Mortgage  
Lodgings  
Travelling Expenses  
Insurance  
Court Orders  
Contributions  
Abnormal Expenses  
Hire Purchase  
Other Debt Payments

TOTAL INCOME

TOTAL EXPENDITURE

Declaration

I certify that the foregoing particulars of my income and expenditure and dependants are correct. I understand my liability to maintain the children named above as in the care of the Council in accordance with the assessment made unless this for any reason is amended.

Signed: *Isobel Sutherland*

Date: .....

27 JAN 1977  
HEADQUARTERS

6  
(2/22)

ASSESSMENT

Total Income  
Total Expenditure

Nett Income

Additional Allowance for Maintenance

- 1. Husband
- 2. Wife
- 3. Dependants as overleaf

TOTAL Additional Allowances

Nett Chargeable Income

Assessment according to scale for children in care as overleaf  
(see approved scale sheet)

=====  
=====  
=====

Recommendation of social worker regarding assessment:  
(any special hardship or difficulties affecting assessment)

Weekly assessment agreed by Director of Social Work

