CENTRAL REGIONAL COUNCIL

SOCIAL WORK (SCOTLAND) ACT 1968

Parental Contributions

NEW ASSESSMENT

RE-ASSESSMENT

NAME AND ADDRESS OF FATHER

MR DUNCAN TOWNSLEY
1 B PARK SQUARE
CAMBERTON, ARGYLL.
Natural father – (circumstances unknown)

Please state if you are the Stepfather of the Child or Children in Care: ~~YES~~/NO

NAME AND ADDRESS OF MOTHER

MRS MARGARET BULLEN
42 BERRYHILL
CONIE

Please state if you are the Stepmother of the Child or Children in Care: ~~YES~~/NO

PARENTS OF:–

Name	Date of Birth	Placement	Name	Date of Birth	Placement
MARGARET BULLEN	13.12.75	Y.C.C			

Dear Sir or Madam,

As you are legally required to contribute towards the maintenance of your child/children in care, it is necessary for you to provide details of all your income.

(a) If either father or mother of the child/children is in employment, please complete Page 2.

(b) If either father or mother of the child/children is in receipt of Social Security Benefits, show all income in the appropriate boxes below and sign in space provided.

		WEEKLY AMOUNT £	p.
1.	Unemployment Benefit	[redacted]	
2.	Supplementary Benefit		
3.	Child Benefit		
4.	Guardians Allowance		
5.	Family Income Supplement		
6.	Maternity Allowance		
7.	Widow's Pension/Allowance		
8.	Sickness/Invalidity Benefit		
9.	Industrial Injury/Disablement Benefit		
10.	Retirement Benefit		

Signature [redacted] Date 19/3/90

[redacted]

After completion please return both forms to me in the prepaid envelope.

Yours faithfully,

Assistant Director of Social Work,
Administration

* Also resident Mr William King.
Assessed as lodger.

CENTRAL REGIONAL COUNCIL – SOCIAL WORK DEPARTMENT

Parental Contributions

Father's Name:	Mother's Name:
Married, Single or Widower: Age:	Married, Single or Widow: Age:
Occupation:	Occupation:
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Works No.:	Works No.:
Please state if you are the Stepfather of the Child or Children in Care: YES/NO	Please state if you are the Stepmother of the Child or Children in Care: YES/NO

(The Fullest Possible Information Regarding Employment is Essential)

INCOME	Per Week £	Per Week p	For Official Use Only £	For Official Use Only p
Average Weekly Nett Wage (Based on past 5 weeks)				
Father				
Mother				
Benefits & Pensions				
Child Benefit				
(excluding Child in Care)				
Family Income Supplement				
Guardian's Allowance				
Income from Boarders or Lodgers				
Other Income				
Maintenance/Affiliation Order				
Superannuation or Works Pension				
Capital				
Savings Account(s)				
Stocks and Shares (Market Value)				
TOTAL INCOME				

EXPENDITURE	Per Week £	Per Week p	For Official Use Only £	For Official Use Only p
Total Rent Due				
Actual Amount Paid by you				
Total Rates Due				
Actual Amount Paid by you				
Mortgage Payment				
Payment for lodgings:				
(If not householder)				
Travelling Expenses:				
(when living away from employment)				
Life Insurance Premium				
Trade Union Fees				
Maintenance/ Affiliation Orders				
H.P. payments detailed below				
Total Expend. & Allowances				

PARTICULARS OF FAMILY LIVING AT HOME

Names of Children	Age	Board (if applicable) £	Board (if applicable) p

DECLARATION

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FOREGOING PARTICULARS ARE CORRECT, AND THAT I CONSENT TO MY INCOME BEING VERIFIED WITH MY EMPLOYER. I UNDERSTAND THAT I WILL BE REQUIRED TO PAY A CONTRIBUTION TOWARDS THE UPKEEP OF MY CHILD/CHILDREN IN ACCORDANCE WITH MY MEANS.

CHILDREN IN CARE — FOR OFFICIAL USE ONLY

NAME	Date of Birth	NAME	Date of Birth	NAME	Date of Birth
Margaret	13.12.75.	1/C C.			

REASON FOR CARE — APPROXIMATE DURATION

ASSESSMENT

Income .....
Less Expenditure .....
Less Allowances:
Husband and Wife at home .....
Persons at home 18 or over .....
Persons at home 16 – 17 .....
Children at home age 11 – 15 .....
Children at home under 11 .....

[redacted]

Inter/Verified/re/Assessment .....

To take effect from 13/3/90

Date 20/3/90. Signed .....
For Assistant Director

2/7/90 MGT FLOCKHART R.B. C. L.

CENTRAL REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

CHILDREN IN CARE OR UNDER SUPERVISION — CHANGE FORM

Surname of child BULLEN Forenames MARGARET

Date of birth 13 12 75 Ref. No. 5587511 02

A. **Change of reason for being in care or under supervision**

(i) Date of change

(ii) Before: Statute Primary Reason

(iii) After: Statute Primary Reason

(iv) Parental rights resolution

SEC 15.

B. **Discharge from care or supervision**

(i) Date of discharge 06 01 92

(ii) Reason for discharge 99 Discharged Herself.

(iii) If transferred to other S.W.D., name department

C. **Change of accommodation**

(i) Date of change 06 01 92

(ii) Before: Code 15 S3 Name Doch Street

Address Bearsden

(iii) After: Code 30 S2 Name B/B.

Address 8 Viewfield Pl Stirling

Social Worker J Ross | Area Office records amended | Received at H.Q.

Margaret Flockhart R.B. C.

CENTRAL REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

CHILDREN IN CARE OR UNDER SUPERVISION — CHANGE FORM

Surname of child: Bullen — Forenames: Margaret

Date of birth: 13 12 75 — Ref. No.: 5 5 8 7 5 1 1 0 2

A. **Change of reason for being in care or under supervision**

(i) Date of change: 18 12 91

(ii) Before: Statute: 07 — Primary Reason: 03

(iii) After: Statute: 01 — Primary Reason: 23

(iv) Parental rights resolution: ☐

B. **Discharge from care or supervision**

(i) Date of discharge: ☐☐☐☐☐☐

(ii) Reason for discharge: ☐

(iii) If transferred to other S.W.D., name department: _____

C. **Change of accommodation**

(i) Date of change: ☐☐☐☐☐☐

(ii) Before: Code: ☐☐ — Name: Still at Dock Street

Address: _____

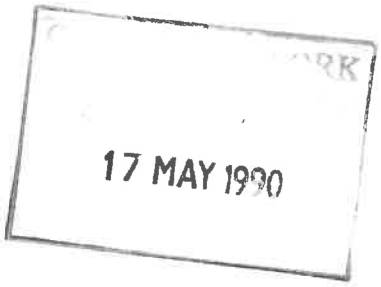
(iii) After: Code: ☐☐ — Name: _____

Address: _____

Social Worker J Ross	Area Office records amended	Received at H.Q.

MAN

RULE 22



(SCOTLAND) ACT, 1968.

ON REQUIREMENT

AND DATE) Stirling on 2/5/90

. Children's Hearing for Central Region in exercise of the powers conferred by Section 44(1) of the Social Work (Scotland) Act, 1968, being satisfied that Margaret Bullen (13/12/75) 42 Berryhill, Conie is in need of compulsory measures of care require ~~him~~/her (to reside in Youth Care Centre, Polmont) (to be under the Supervision of Central Region Social Work Department) subject to the conditions noted below.

(~~The operation of this supervision requirement is postponed until~~

Chairman of
the Children's Hearing.

Condition referred to in the foregoing supervision requirement:-

1. The child is required to observe the rules of conduct of the residential establishment.

2. The requirement to reside is subject to the discretion of the managers of the residential establishment to grant leave of absence from time to time.

3.

Chairman of
the Children's Hearing

Where a supervision requirement requires a child to reside in a residential establishment, condition 1 and 2 shall be inserted in the supervision requirement.

*Delete as appropriate

CENTRAL REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

04 MAY 1990 8754

CHILDREN IN CARE OR UNDER SUPERVISION - CHANGE FORM

Surname of child BULLEN Forenames MARGARET

Date of birth 1 3 1 2 7 5 Ref. No. 5 5 8 7 5 1 1 0 2

A. Change of reason for being in care or under supervision

(i) Date of change 0 2 0 5 9 0

(ii) Before: Statute 0 1 Primary reason 2 5

(iii) After: Statute 0 7 Primary Reason 0 3

(iv) Parental rights resolution

B. Discharge from care or supervision

(i) Date of discharge

(ii) Reason for discharge

(iii) If transferred to other S.W.D., name department

C. Change of accommodation

(i) Date of change

(ii) Before: Code Name

Address

(iii) After: Code Name

Address

stood in Y.C.C

Social Worker C Hennie

Date 2/5/90

Area Office records amended

Date 2/5/90.

Received at H.Q.

Date

CENTRAL REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

NOTIFICATION OF ADMISSION OF CHILD TO CARE

Surname of child BULLEN Forenames MARGARET

Home address 42 BERRYHILL COWIE

Date of Birth 1 3 1 2 7 5 Ref.No. 5 5 8 7 5 1 1 0 2

Reason for being in care: Statute 0 1 Primary Reason 2 5

FOR CERT. 15 MAR 90

Date of coming into care 1 8 0 3 9 0

Accommodation code 2 6 53

Accommodation address Youth Care Centre
Woodinghall Polmont

Long term placement ☐ Short term placement ☑

Name of Social Worker dealing with case Ms. R. Hutchison

Name of Clerical Assistant attending to records M. Mund.

This form should be completed immediately a child is received into care and sent to Social Work H.Q., Langgarth, Stirling, together with a parental contribution form where appropriate.

Parental Contributions

Father's Name ..... Mother's Name Mrs. Margaret Bullen

Address ..... Address 42 Berryhill
Cowie

CENTRAL REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

TO DIRECTOR OF SOCIAL WORK,
REGIONAL OFFICES.
LANGGARTH,
STIRLING.

ADMISSION/DISCHARGE

Name ..... MRS BULLEN .....

Was ~~Admitted~~/Discharged to ..... B & B .....

.....

on ..... 6/1/92 .....

from ..... DOCK ST .....

Reason ..... DISCHARGED HERSELF FROM CARE .....

..... M Dunsby .....
Officer in Charge

Date ..... 13/1/92 .....

SWL74/7.5.86