

Social Work Department

12 Whitehall

Maybole

Ref. : EK

Tel. No. : Maybole 83293

Date 20.01.92

To : Community Medicine Specialist

Assistant Director of Education

Dear Sir/Madam,

The following child(ren) has/have been ~~*received into care/discharged from care/transferred for other reasons~~

Please advise appropriate members of your staff.

	<i>1st Child</i>	<i>2nd Child</i>	<i>3rd Child</i>
Surname	Johnstone		
Forename(s)	Lee David		
Date(s) of Birth	09.02.76		
Religion	Protestant		
Last School(s) attended	Kerelaw School Stevenston		
Family Doctor			
Transferred from	Kerelaw School		
Transferred to	Home: 16 Minnoch Crescent, Maybole		

Date of Transfer 10.01.92

Statute Social Work (Scotland) Act 1968

Section 44(1) (a)

Supervising Social Worker Mrs M. Ali

Tel. No. Maybole 83293

Signed.....

Designation

Senior Clerical Officer

RIC 5B

Social Work Department



Discharge Form

FOR CHILD IN CARE

NOTE—THIS FORM IS NOT TO BE COMPLETED FOR CHILDREN WHOSE ONLY STATUTE IS SECTION 44(1)(A)—HOME SUPERVISION—SOCIAL WORK (SCOTLAND) ACT 1968 OR SECTION 12 MATRIMONIAL PROCEEDINGS ACT 1958.

A AREA TEAM MAYBOLE

UNIQUE NUMBER OF CHILD

NAME OF CHILD LEE DAVID JOHNSTONE

DATE OF BIRTH	0/9	0/2	7/6
DATE OF DISCHARGE	1/0	0/1	9/2
DATE ADMITTED TO PRESENT PLACEMENT	1/9	1/2	9/0
DATE ADMITTED TO PRESENT PERIOD OF CARE	0/1	1/1	9/0

SEX ☒ Male ☐ Female

B ACCOMMODATION Please give Name and Address of Placement and tick the appropriate box.

PLACEMENT DISCHARGED FROM

KERELAR SCHOOL
STEVENSTON

FOSTERING WITH RELATIVES

- ☐ Temporary
☐ Permanent

FOSTERING UNRELATED

- ☐ Temporary
☐ Permanent

☐ COMMUNITY PARENTS

CHILDREN'S HOME

- ☐ Local Authority
☐ Voluntary
☒ LIST 'D'
☐ SECURE ACCOMMODATION
☐ LIST 'G'
☐ ASSESSMENT CENTRE
☐ HOSPITAL
☐ SUPPORTED LODGINGS, ILU, etc.
☐ OTHER (PLEASE SPECIFY)

C REASON FOR DISCHARGE

- ☐ Care taken over by parent or guardian
☐ Adopted
☐ Reached appropriate age
☐ Death
☒ Decision of hearing
☐ Other (specify)

D TICK TYPE OF ACCOMMODATION BEING DISCHARGED TO

- ☐ Supported Accommodation (Incl. ILU)
☐ Hostel
☒ Parental Home
☐ Relatives Home
☐ Flat/Bedsit/Digs
☐ Living in at Work
☐ Unknown
☐ Homeless Accommodation including Bed and Breakfast
☐ Other (Please, specify)

E LEGISLATION DISCHARGED UNDER

Main Secondary

01 Section 15 Social Work (Scotland) Act 1968		
02 Section 16 Social Work (Scotland) Act 1968		
03 Section 37 Social Work (Scotland) Act 1968		
04 Section 40 Social Work (Scotland) Act 1968		
05 Section 44(1)(a) Social Work (Scotland) Act 1968 with Condition of Residence	☒	
06 Section 44(1)(a) Social Work (Scotland) Act 1968 Home Supervision	☒	
07 Section 44(1)(b) Social Work (Scotland) Act 1968		
08 Section 58(a) Social Work (Scotland) Act 1968 (as amended by HASSASSA Act 1983 Sec 8(4))		
09 Section 42(3) Social Work (Scotland) Act 1968		
10 Section 43(4) Social Work (Scotland) Act 1968		
11 Section 198/296(3)—Criminal Procedures (Scotland) Act 1975 + 406		
12 Section 323 Criminal Procedures (Scotland) Act 1975		
13 Section 206/413 Criminal Procedures (Scotland) Act 1975		
14 Section 12(5) Foster Children (Scotland) Act 1984		
15 Section 26(1)(b) Adoption Act 1978		
16 Section 10 Matrimonial Proceedings (Children) Act 1958		
17 Section 12 Matrimonial Proceedings (Children) Act 1958	☒	
18 Section 7 Children Act 1958		
19 Section 11(1)(b) Guardianship Act 1973		
20 Section 24 Social Work (Scotland) Act 1968		
21 Other (Please Specify)		

F To DISTRICT OFFICE IS FINANCIAL PAYMENT INVOLVED? YES/NO.
If YES—(See Sect. B for details)

ANY SPECIAL INSTRUCTIONS

G NOTIFICATIONS

Form No.	Area/Agency	Date Sent	Init.
R.I.C.6	Other Area/Region		
R.I.C.6	Health Board	20.01.92	
R.I.C.6	Education	20.01.92	
R.I.C.7-8	4-Week Medical		
	Finance	20.01.92	
C.H.193	D.H.S.S.	20.01.92	

H SIGNATURES

Signed [Signature]
Designation Social Worker
Area Office Maybole Date 20.1.92
Countersigned [Signature] Admin



**Strathclyde
Social Work
Department**

R.I.C.6

SOCIAL WORK DEPARTMENT
12 VINTHILL
MAYBOLE

Ref. : EK

Tel. No. :

Date 10.01.91

To: Community Medicine
Area Offices S.W.D. houses & Saltcoats
Ast. Dis. Education

Dear Sir/Madam,

The following child(ren) has/have been ~~*received into care/discharged from care/~~ transferred for other reasons
Please advise appropriate members of your staff.

	1st Child	2nd Child	3rd Child
Surname	Johnstone		
Forename(s)	David Lee		
Date(s) of Birth	09.02.76		
Religion	Protestant		
Last School(s) attended	Carrick Academy, Maybole		
Family Doctor			
Transferred from	19.12.91	Newfield Assessment Centre	
Transferred to	Kerelaw School, Stevenston		
Date of Transfer	19.12.90		
Statute	Social Work (Scotland) Act 1968	Section	44(1)(b)
Supervising Social Worker	Mrs. M. Ali	Tel. No.	Maybole 83293

Signed

Designation Senior Clerical Officer

RIC 5A

Social Work Department



Changes/Transfer Form

FOR CHILD IN CARE

AAREA TEAM **MAYBOLE**

UNIQUE NUMBER OF CHILD

NAME OF CHILD

LEE DAVID JOHNSTONE

DATE OF BIRTH

0 | 9 0 | 2 7 | 6

DATE OF TRANSACTION

1 | 9 1 | 2 9 | 0DATE ADMITTED TO
PRESENT PERIOD OF CARE**0 | 1 1 | 1 9 | 0**

SEX



Male



Female

BIS THIS CHANGE/TRANSFER?
(Please tick appropriate box)

- ☐ A change of accommodation and statute (Complete Sections D + E)
- ☐ A change of statute only (Complete Section E)
- ☒ A change of accommodation only (Complete Section D)
- ☐ A transfer to another area team. Name area team to which transferred.

C

REASON FOR CHANGE

- ☐ 01 Decision of Hearing
- ☐ 02 Decision of Court
- ☒ 03 Planned Change
- ☐ 04 Breakdown
- ☐ 05 Other (Please Specify)

D ACCOMMODATION

Please give Name and Address of Placement and tick the appropriate box

PREVIOUS Name and Address

NEWFIELD ASSESSMENT CENTRE

NEW Name and Address

**KERELAW SCHOOL
STEVENSTON**

FOSTERING WITH RELATIVES

PREVIOUS

NEW

01 Temporary

02 Permanent

FOSTERING UNRELATED

03 Temporary

04 Permanent/Pre adoptive

05 COMMUNITY PARENTS

CHILDREN'S HOME

06 Local Authority

07 Voluntary

08 LIST 'D'

09 SECURE ACCOMMODATION

10 LIST 'G'

11 ASSESSMENT CENTRE

12 HOSPITAL

13 AT HOME

14 SUPPORTED LODGINGS, ILU, etc.

19 OTHER (PLEASE SPECIFY)

E STATUTE

Please Tick appropriate box(es)

PREVIOUS
STATUTENEW
STATUTE

Main Second Main Second

01 Section 15 Social Work (Scotland) Act 1968

02 Section 16 Social Work (Scotland) Act 1968

03 Section 37 Social Work (Scotland) Act 1968

04 Section 40 Social Work (Scotland) Act 1968

05 Section 44(1)(a) Social Work (Scotland)
Act 1968 with Condition of Residence06 Section 44(1)(a) Social Work (Scotland)
Act 1968 Home Supervision07 Section 44(1)(b) Social Work (Scotland)
Act 196808 Section 58(a) Social Work (Scotland) Act 1968
(as amended by HASSASSA Act
1983 Sec 8(4))09 Section 42(3) Social Work (Scotland)
Act 1968

10 Section 43(4) Social Work (Scotland) Act 1968

11 Section 198/296(3)—Criminal Procedures
(Scotland) Act 1975 + 40612 Section 323 Criminal Procedures
(Scotland) Act 197513 Section 206/413 Criminal Procedures
(Scotland) Act 197514 Section 12(5) Foster Children
(Scotland) Act 1984

15 Section 26(1)(b) Adoption Act 1978

16 Section 10 Matrimonial Proceedings
(Children) Act 195817 Section 12 Matrimonial Proceedings
(Children) Act 1958

18 Section 7 Children Act 1958

19 Section 11(1)(b) Guardianship Act 1973

20 Section 24 Social Work (Scotland) Act 1968

21 Other (Please Specify)

F To DISTRICT OFFICE FOR FINANCIAL PAYMENT.1 START PAYMENT TO: NAME OF FOSTER PARENT/ESTABLISHMENT.
(See Sect. D for address)

IF APPROPRIATE

2 STOP PAYMENT TO: NAME OF FOSTER PARENT/ESTABLISHMENT.
(See Sect. D for address)

ANY SPECIAL INSTRUCTIONS

G NOTIFICATIONS

Form No.	Area/Agency	Date Sent	Init.
R.I.C.6	Other Area/Region	10.01.91	
R.I.C.6	Health Board	10.01.91	
R.I.C.6	Education	10.01.91	90
R.I.C.7-8	4-Week Medical		
	Finance		
C.H.193	D.H.S.S.	10.01.91	

H SIGNATURES

Signed

Designation

Area Office

Countersigned

Date

Admin

SOCIAL WORK DEPARTMENT

RIC 4

PARENTAL CONTRIBUTIONS ASSESSMENT FORM

NOTE: NO ASSESSMENT IS REQUIRED WHERE THE FATHER IS UNEMPLOYED OR IF SUPPLEMENTARY BENEFITS ARE BEING PAID

1. Name of Child: LEE JOHN STONE
2. Date Received into Care: 1-11-90
3. Admitted To: NEWFIELD ASS. CENTRE
4. *Father/Guardian's Name: [REDACTED]
5. Occupation: [REDACTED]
6. Mother's Name: [REDACTED]
7. Address: 16, MINNOCH CRES
MAYBOLE
8. Details of Gross Income of Working Parent: £ [REDACTED] per week
9. Payslips Available? YES/NO* CHECKED BY SSW
- If YES, give dates which confirm Gross Income: [REDACTED]
- If NO, do the earnings appear reasonable? YES/NO*
10. Is this the first child received into care from this family? YES/NO*
- If NO, give details:
11. Certification:
The information given above is correct to the best of my knowledge and belief.
- (Signed) [REDACTED] SSW Social Worker
- Agreed (Signed) [REDACTED] Area Officer

FOR ADMINISTRATIVE USE ONLY:

1. Date Received:
2. Assessment Calculation:
- | | | | | |
|-------------|-------------|-----------------------------|------|---|
| 5% of £ | ((8) above) | = | p.w. | * |
| 2 1/2% of £ | ((8) above) | = | p.w. | * |
| Total | | <u> </u> | | |
3. Assessed at £ per week (N.B. Max. is £30.00 per week)
4. EFFECTIVE FROM:
5. Social Worker Notified:
- Completed By (Signed)
- Checked By (Signed)
- Date
- * Delete as necessary

Financial Instructions

CASE FILE

FIRST

SECOND

THIRD

24 NOTIFICATION TO COMMENCE PAYMENT TO FOSTER PARENT

Name of Foster Parents

Address			
Name(s) of Child(ren)			
Date of Birth			
DATE PAYMENTS TO COMMENCE			
Any Special Instructions			

25 ADMISSION TO VOLUNTARY HOME, LIST D, LIST G ETC.

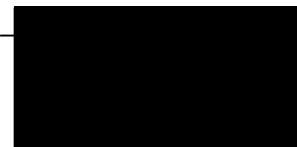
Name of Establishment	Hamstead Community Centre		
Name(s) of Child(ren)	Lee, Sabrina		
Date Child(ren) Admitted	01.06.90		
DATE PAYMENT OF ACCOUNT TO COMMENCE	01.06.90	Hamstead Community Centre	

26 NOTIFICATIONS

Form No.	Area/Agency	Date Sent	Init.
R.I.C.6	Other Area/Region		
R.I.C.6	Health Board	02.06.90	MS
R.I.C.6	Education	02.06.90	MS
R.I.C.7-8	4-Week Medical		
	Finance	02.06.90	MS
C.H.193	D.H.S.S.		

27 SIGNATURE

Admin



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 SOCIAL WORK DEPARTMENT
 12 VICTORIA
 MAYBOLE

Ref. : **EK**

Tel. No. : **Maybole 83293**

Date **02.11.90**

To : *Educational*
 *Community D.I.*

Dear Sir/Madam,

The following child(ren) has/have been ***received into care/discharged from care/transferred for other reasons**
 Please advise appropriate members of your staff.

	<i>1st Child</i>	<i>2nd Child</i>	<i>3rd Child</i>
Surname	Johnstone		
Forename(s)	Lee		
Date(s) of Birth	09.02.76		
Religion	Protestant		
Last School(s) attended	Carrick Academy, Maybole / Red Brae School, Maybole		
Family Doctor			
Transferred from	Home: 16 Minnoch crescent, Maybole		
Transferred to	Newfield Assessment Centre, (3 week assessment)		

Date of Transfer **01.11.90**

Statute **Social Work (Scotland) Act 1968** Section..... **Section 44(1) (a)**

Supervising Social Worker **Mrs M. Ali** Tel. No..... **83293**

Signed..... 

Designation **Senior Clerical Officer**

CASE NO. KC/G/1098 DATE 3/12/87

CASE TYPE SRO(C)

SOCIAL WORK CASEFRONT

W9501

SURNAME <u>Johnstone</u>	Forenames <u>Lee David</u>	Date of Birth <u>9.2.76</u>	Religion <u>Protestant</u>	Marital Status
ADDRESS <u>16 Minnoch Crescent Maybole. (as of 21/4/88)</u>		CHANGE OF ADDRESS <u>Moved from 28 Linden Avenue Girvan.</u>		
POST CODE		OCCUPATION/SCHOOL <u>Radbrae Residential School.</u>		
TEL. NO.				

NEXT OF KIN <u>(Father)</u>	G.P. NAME AND ADDRESS TEL. NO.
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REFERRED BY	REASON(S) FOR ALLOCATION (Including appropriate legislation and accommodation if moved from own home)
REASON(S) FOR REFERRAL <u>Transferred from Girvan Area Team.</u>	
HOUSEHOLD COMPOSITION (Numbers of members: Relationship to case)	

NAME	Relationship	Age	Name(s) of other relevant persons	Address
	Mother			
	Father			
	Brother			

OTHER AGENCIES INVOLVED

NAME	ADDRESS	TEL. NO.
(1)		
(2)		

OTHER RELEVANT/SIGNIFICANT INFORMATION AND CHANGES (e.g. Financial, Housing situation)