

RECEPTION OF CHILD INTO CARE - CHECK LIST

Name (1) Andrew Jones, d.o.b. 26. 12. 69 8 Balgovan Pl
(2) John Jane Jones d.o.b. 15. 7. 72
(3)
(4)
(5)

Home Address 8 Balgovan Place

Application Form CC2 ✓

Assessment of Parental Contributions F8 ✓

Medical Card Received ✓

Information Sheet CC3 ✓

Initial Medical Form CC4 ✓ Photo

Equipment and Clothing ✓

Advise Home Finder(s) X

Advice to Parent(s) Appendix 'A' ✓

Notification to Divisional H.Q. CC5 JM

Request for Fostering Allowance CC6 F 24 X

Notification to Area Health Board/Director(s) of
Education and/or Social Work CC7 X

1	2	3	4	5
✓	✓			
✓	✓			
✓	✓			

Social Worker Date

Tayside Regional Council
Social Work Department - (Dundee Division)

APPLICATION FOR A CHILD/CHILDREN TO BE RECEIVED INTO CARE

NAME	DATE AND PLACE OF BIRTH	RELIGION
(1) <i>Andrew Jones</i>	<i>26. 12. 64. Dundee</i>	<i>Protestant</i>
(2) <i>Samuel June</i>	<i>15. 7. 72</i>	<i>Protestant</i>
(3)		
(4)		
(5)		

HOME ADDRESS(ES) *9 Balgownie Place*
Dundee

FATHER'S NAME D.O.B. RELIGION
 ADDRESS
 NATIONAL INS. NO. OCCUPATION/EMPLOYER

MOTHER'S NAME *Ann Jones 44 Mill* D.O.B. *13. 10. 44* RELIGION *Protestant*
 ADDRESS *9 Balgownie Place Dundee*
 NATIONAL INS. NO. OCCUPATION/EMPLOYER *Housewife*

DATE AND PLACE OF MARRIAGE *12/72*

BROTHER(S) AND SISTER(S) NOT INCLUDED IN THIS APPLICATION (NAMES, DATES OF BIRTH, ADDRESSES AND, IF IN CARE, STATE DETAILS OF LOCAL AUTHORITY)

Showing Ann Jones d.o.b. 2. 4. 67 at present at Roineach
where under section 15 (b & c) Social Work Scotland Act

NAME(S), ADDRESS(ES) OF OTHER INTERESTED RELATIVES (State relationship)

.....

REASON FOR APPLICATION AND SECTION OF ACT

Section 15 (b and c) Social Work Scotland Act

.....

Child's Name

School - Class

Clergyman's Name, Address

and 'Phone No.

Date and Place of Baptism

Doctor's Name, Address

and 'Phone No.

DATE AND PLACE OF
IMMUNIZATIONS AND VACCINATIONS:Basic Whooping Cough, Diptheria
d Tetanus

School Booster of above

Primary Smallpox

Re-vacc. Smallpox

Basic Oral Polio

School Booster of above

Measles

B.C.G.

Others (state type)

Date and Place of last X-ray

Details of Allergies

Details of any illnesses and/or

Operations (dates and Hospitals)

Subject to Bed-wetting?

Contact with infection?

Medical Card Number

Andrew Jones

Westmarch Primary

N/A

N/A

Dr. Prodan, High St.

Lorhee

Josh Jones

Westmarch Primary

N/A

N/A

Dr. Prodan, High St.

Lorhee

CONDITIONS RELATING TO THE RECEPTION OF CHILD/CHILDREN INTO CARE
WHERE THE PARENT(S) OR LEGAL GUARDIAN MAKE APPLICATION

Delete as
Applicable

Do you hereby agree that the Director of Social Work shall have the right and authority, if in his or her opinion, it is in the interest of the child/children so to do, or the circumstances require such action,

- (a) to arrange for the immunization of your child/children against Whooping Cough, Diphtheria and Tetanus? YES/NO
- (b) to arrange for the vaccination of your child/children against Smallpox, Tuberculosis, Poliomyelitis and Measles? YES/NO
- (c) to place your child/children in any hospital for medical, or if urgently necessary surgical treatment (including the administration of a general anaesthetic for the purpose of diagnosis or operation)? YES/NO
- (d) to arrange for your child/children to receive dental treatment? YES/NO
- (e) to arrange for the baptism of your child/children into and to bring him/her/them up in the Protestant, Catholic or other faith as appropriate. (State faith if applicable) YES/NO

I confirm the information given by me to be correct to the best of my knowledge. Further I agree to the conditions attached to the receiving of my child/children into the care of the Local Authority as follows:-

1. If the Social Work Department accepts my/our child/children into care he/she/they may be accommodated in a foster home or Children's Home at its discretion.
2. The acceptance into care of my/our child/children may necessitate weekly contributions in accordance with my/our means.
3. I/We must keep the Social Work Department informed of my/our address(es) and that failure to do so may render me/us liable on summary conviction to a fine.

(Signed) Father
Mother
Date

Signature of person making application if not parent *Eric J. Yiktorovich*
Relationship to child/children */ Social Worker Yiktorovich sub-office*
Date *7. 8. 80*

Proposed Placement Address *Moineach Mhor*

Application approved by *[Signature]*
Area Controller

Date *11/8/80*

Tayside Regional Council
Social Work Department
(Dundee Division)

INFORMATION SHEET

Name of child *Andrew Jones*

Date of Birth *20. 12. 69*

Name and Address of G.P. *Dr. Proshan, High St. Lochee*

.....

School attended *West March School*

.....

Social Worker *Lisa Yitterington*

Office Address and Tel. No. *Kirkton Sub-office Area 2 Dundee 810101*

Senior Social Worker *Mr. J. R. Anderson*

Names and whereabouts of brothers and sisters *Christina, Sarah (sister)*

..... *Sarah Jane (sister) at present in Roineach Mhor*

..... *assessment centre*

Night-time routine

.....

Toilet Routine

.....

Food likes and dislikes

.....

Any behaviour problems

.....

In the case of a baby: feeds, sleep, birth weight, etc.

.....

Parental Contact *Ben visit mother while she is in*

..... *hospital*

Additional Information

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.....

ROINEACH MEOR

(OBSERVATION AND ASSESSMENT CENTRE),

588 STRATHMARTINE ROAD,

DUNDEE.

NAME ANDREW JONES D.O.B. 26-12-67
ADDRESS 8 BACCANAN PLACE SCHOOL WEST MARSH
..... KIRKTON
..... DUNDEE
DATE OF ADMISSION 4-8-80

Having today examined the above named child I wish to bring to the attention of
the Officer-in-Charge

- 2 Bruise over lyp. Code dot. & small & multiple
- 2 Bruise over $1\frac{1}{2}$ ly. on Rt side of. back near Rt scapula
- 2 Bruise on Rt thigh. opst aspect

..... *John W. Chohan* Medical Officer

..... 5-8-80 Date

TAYSIDE REGIONAL COUNCILSOCIAL WORK DEPARTMENT(DUNDEE DIVISION)INITIAL MEDICAL REPORT(The Boarding-Out of Children (Scotland) Regulations, 1959, Paragraph 2)

Name of Child: Andrew Jones
 Date of Birth: 26. 12. 64 Details of Birth (e.g. Premature): _____
 Address: 8 Polgreen Place Method of Feeding (if baby): _____
(at present in Moracach Mhor Settlement Centre)
 Illness or Injuries: _____

FAMILY HISTORY (important illness or defects)

Father: _____
 Mother: _____
 Siblings: _____

IMMUNISATIONS AND VACCINATIONS

Basic Whooping Cough, Diphtheria & Tetanus:	Date: _____	Place: _____
School Booster	Date: _____	Place: _____
Primary Smallpox	Date: _____	Place: _____
Re-Vaccination	Date: _____	Place: _____
Basic Oral Polio	Date: _____	Place: _____
School Booster	Date: _____	Place: _____
Measles Vaccination	Date: _____	Place: _____
B.C.G. Vaccination	Date: _____	Place: _____
Others (specify):	Date: _____	Place: _____

REPORT ON CHILD'S BODILY HEALTH, MENTAL CONDITION AND SUITABILITY FOR BOARDING OUT

General Conditions at Age: _____ Date: _____
 Weight: _____ Height: _____
 Circulatory System: _____
 Respiratory System: _____
 Teeth: _____ Nose: _____
 Throat: _____ Glands: _____
 Abdomen: _____ Umbilicus: _____
 Genitals: _____