

MOORE HOUSE SCHOOL

ADMISSION DETAILS

NAME

SHARON CAIRNS

DATE
OF
BIRTH

23

12

95

DATE
OF
ENTRY

23

10

90

AGE
OF
ENTRY

14

NO

33

EXTRACT FROM PAPERS

PLACEMENT - SOCIAL
PERIOD - 52 WKS
REGION - HOTHIAN

PREVIOUS TESTS

INITIAL TESTS

970 Maths Assessment ✓
MacMillan Reading Analysis ✓
Schonell ✓

INITIAL EDUCATIONAL PROGRAMME

LEARNING SUPPORT

No long term individual programme
seems necessary although number work
shows a few gaps which we can keep with

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ADDRESS on INITIAL CONTACT	TELEPHONE
OXFORDS [REDACTED]	031-447-1971

1.
2.

Next of Kin	Forename(s)	Surname	Relationship	D.O.B.	Address	Tel.
male						
female						
(maiden/other names)						
Children						
in Household						
Adults						
in Household						

(including physical description if child taken into care)

Date 23-10-90 Time _____ NB Complete KEY CONTACT Sheet
Recorded by _____

KEY CONTACTS

[illegible]

GP, Work and other Involved Agencies

[illegible]

Significant Others (Relatives , Friends)

[illegible]

CARRNS		SHARON		14		23-12-75			
SURNAME		FORENAME		AGE		DATE OF BIRTH		ROOM NUMBER	
NEXT OF KIN				RELIGION				GENERAL PRACTITIONER	
NAME ADDRESS 15/7 CLOONSTOWN APTS WESTER HAILES EDINBURGH				CONTACT OXFORDS CHILDREN HOME 031-447-7971				MEDICAL HISTORY	
RELATIONSHIP PARENTS. TEL. No. (DAY) (NIGHT)				TEL. No. 031-447-7971					
ALTERNATIVE CONTACT									
NAME ADDRESS									
				LIKES TO BE REFERRED TO AS...					
RELATIONSHIP TEL. No. (DAY) (NIGHT)				ADMISSION DATE 23-10-90					
				DISCHARGE DATE					
GENERAL PRACTITIONER				REASON FOR ADMISSION					
NAME ADDRESS				44-3					
				☒					
				☐					
				☐					
				VALUABLES ON ADMISSION? YES ☐ NO ☒					
				(IF "YES", DETAILS SHOULD BE ENTERED ON A SEPARATE REGISTER)					
TEL. No.				YES ☐ NO ☐					
SOCIAL WORKER WESTER HAILES AREA OFFICE EDINBURGH				GENERAL COMMENTS					

KEY WORKER

RECEPTION INTO CARE (RIC 1)

15.9.89 LETTER SENT
SEP 1989
RE REFON 5.9.89

The Parent's Declaration on the back of this form (and if necessary, on any additional forms) must be signed.

Child's Surname CAIRNS	CP. No. 608877507
Forename(s) SHARON ELAINE	Sex F
Also known as	
Address on admission	

D.O.B. 23.12.75	Place of Birth EDINBURGH	Legitimate Illegitimate Extra-Marital	Religion	Date & Place of Baptism
Previous Residence(s) during past year 15/7 CLOVENSTONE Gdns EDINBURGH. 442 4540.				Child's Doctor SIGHTHILL HEALTH CENTRE
Nursery/School/Employment N.H.E.C.	Address of Placement MILLPARK C.U.			Section 15
				Admission Date 11.9.89.

PARENTS

Mother's Surname [REDACTED]	Forename(s) [REDACTED]	D.O.B. 33 YRS.	Employed ☐ Unemployed ☐	
Known as		Custody YES/NO	Occupation Employer's name & address	
Present Address AS ABOVE		Marital Status WIFE.	Yes	No
Previous Address		Religion	FIS	Order Book No.
			Supp.Ben.	
Father's Surname [REDACTED]	Forename(s) [REDACTED]	D.O.B. 50 YRS.	Employed ☐ Unemployed ☒	
Known as		Custody YES/NO	Occupation Employer's name & address	
Present Address AS ABOVE		Marital Status HUSBAND	Yes	No
Previous Address		Religion	FIS	Order Book No.
			Supp.Ben.	

Total No. of children in family 4.	Addresses & Tel. Nos. of close relatives or emergency contact 106 MURRAYBURN PL. 442 3644
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PREVIOUS ADMISSIONS TO CARE

FROM	TO	PLACEMENT	ACT & SECTION UNDER WHICH ADMITTED
		N/A	

OTHER CHILDREN IN FAMILY

SURNAME	FORENAMES	D.O.B.	ADDRESS (state if in care)
[REDACTED]	[REDACTED]	15 YRS	AS ABOVE
[REDACTED]	[REDACTED]	11 YRS	" "
[REDACTED]	[REDACTED]	7 YRS	" "

PARENT'S DECLARATION

1. I declare that the information I have given is correct.
2. I understand that I may be obliged to contribute towards my child's/children's maintenance while in the care of the Region. If required to contribute, I understand that the weekly rate of contribution for each child is approximately half the current child benefit rate.
3. I understand that I must inform the Director of Social Work of any change in my address or financial circumstances.
4. I have received a copy of the appropriate leaflets about the legislation relating to the reception into care of my child/children and have had them explained to me.

Signature of Parent or Guardian _____

Date _____

Witness _____

Date 19.9.89.

FOR OFFICIAL USE

Authorisation by Area Officer/Senior S.W. _____

(Signature)

Area 10.

Allocated to _____

Source of referral E.D.T.

Reason for admission outwith Parental control



Moore House School

Directors:



Principal:



B.A. C.Q.S.W. C.H.R.C.

Edinburgh Road

Bathgate

EH48 1EX

Tel: Bathgate 52312



6 June 1991

Officer in Charge
Oxgangs Childrens Home
54 Oxgangs Avenue
EDINBURGH

Dear Sir/Madam

Please find enclosed repayment book for Sharon Cairns in respect of reverse charge calls made to your establishment.

Yours sincerely



Head of Care

MISS S. IZ CAIRNS.

OXGANGS CHILDRENS HOME
54 OXGANGS AVENUE
EDINBURGH.

you are required to attend at the office of

THE PROCURATOR FISCAL
3 QUEENSFERRY STREET
EDINBURGH
EH2 4RB

on FRIDAY 18 JANUARY 1991

at

11-0

am
pm

to be interviewed in private on behalf of the Procurator Fiscal of Court in connection with the
Complaint against the Police by yourself

for Procurator Fiscal

NOTES—

Please bring this notice when you attend and ask for

If you are to be away from home or you have moved out of this district, please telephone and other arrangements will be made to see you.

As you are not likely to be detained for more than half-an-hour, you should make arrangements with your employer accordingly.

Telephone number 226. 4962 Ext. 2292 Room number 12 mo2

THERE ARE NO PARKING FACILITIES AT THIS OFFICE

NOTE

You have been asked to meet a member of the Procurator Fiscal Service for the further investigation of your complaint of criminal conduct by the police. This is because decisions on such complaints are made by the Crown and not by the police. Although the police have already made enquiries into your complaint, it will now be investigated further by the Procurator Fiscal.

A member of the Procurator Fiscal Service will interview you and other essential witnesses. Your complaint will receive careful and fair consideration, and the decision whether or not to prosecute any police officer as a result of it will be taken independently of the police. Unless the Procurator Fiscal decides that the complaint has no substance, he will make a full report of the investigations to the Crown Office where a further independent assessment will be made of it. The Solicitor General for Scotland or the Lord Advocate will finally decide whether to prosecute or not. You will be informed of the decision.

The considerations taken into account by the Crown in deciding whether or not a police officer should be prosecuted are the same as apply in any other criminal case. No prosecution will be commenced unless there is sufficient evidence in law available to support it. This strict legal test must be applied in all cases. The Crown must prove its case beyond reasonable doubt, and the accused is entitled to the benefit of any such doubt. In applying these considerations, all the available evidence is carefully assessed and a number of questions are considered, such as whether the allegation is supported by independent witnesses; the extent of any discrepancies in the accounts given by the different witnesses; and whether the evidence is consistent with any explanation put forward by the alleged offender and any witnesses supporting his account. A decision not to prosecute - if indeed that should be the decision in this case - should not be interpreted as reflecting on the good faith or truthfulness of you or any other person, but as simply indicating that the case as a whole would not justify a criminal prosecution being raised.

When you see a member of the Procurator Fiscal Service, he will be happy to answer any further questions which you may wish to ask about the procedure for dealing with your complaint.