C.R.1(a)

COUNTY COUNCIL OF THE COUNTY OF STIRLING
SOCIAL WORK DEPARTMENT

No. 2816 97/193/74
Visipoint No. X/Ref/F/275

CHILD in CARE
(Short Form – for under 6 months' duration)

1. Name of Child ...Elizabeth Jane Wilson VERHEES... Date of Birth ...28.2.72.... Sex ...F...
2. Address when received into care ...31 Quarrolhall Crescent, Carronshore.
3. Religion ...Protestant...
(as expressed by parent)
4. Cause of deprivation ...[redacted]...
(include S.E.D. Code) and brief details of home circumstances. ...(Eviction)...
5. Date of reception into care ...16.2.74.... 6. Is child ordinarily resident elsewhere ..... YES/NO

7.	Mother.	Father (Alleged putative or legal)
Full Name	Mary Sweeney or VERHEES	Henry VERHEES
Address	c/o 31 Quarrolhall Crescent, Carronshore.	c/o 31 Quarrolhall Crescent, Carronshore.
Occupation/ Employer		
Date of Birth	(19)	(23)
Nat. Insur. No.		

8. Brothers and Sisters.–

Name.	Age.	Address.
[redacted]		

9. Name/Address of School .....
10. Name/Address of Doctor ...Dr. Lynch, Stenhousemuir...
11. Documentation: N.H. Medical Card ..... Milk Book .....
12. Referred by: .....

13. Name/Address of foster home or Home.	Date of Placing.
Weedingshall Children's Home	16.2.74.
Discharged to c/o Parents	29/3/74
Re application No 6 1974/75	
Admitted to Weedingshall	24/5/74
Discharged to c/o Parents	14/8/74
Re-application No 90 1974/75	
Admitted to Weedingshall	2/4/75

14. Relatives and their willingness to assist:

Name.	Age.	Address.	Reason if unable to help.

15. Medical Record:

(a) Prophylaxis with dates.

Smallpox .....
Diphtheria .....
Whooping Cough .....
Tetanus .....
B.C.G. .....
Polio .....

(b) History of –

Accidents .....
Illnesses .....
Handicaps and Operations .....
Important family medical history .....

(c) Details of Bowel and Bladder Control .....

(d) Feeding details for Infants. .....

16. Permission for operative treatment.

You can agree to your child receiving operative treatment, including the administration of a general anaesthetic, if recommended by a Medical Officer, to avoid any delay should an emergency arise. Additionally you can give consent for your child to be protected by vaccination and immunisation.

I agree to my child ..... Elizabeth Vethees .....

.....

receiving operative treatment including the administration of a general anaesthetic should it be recommended by a Medical Officer, in an emergency.

I further agree to my child being protected by vaccination, immunisation.

Date 16th February 1974 Signed ..... Parent.

17. Date 16th February 1974 Social Worker Mary Arthur

Seen by Area Officer .....

RE APPLICATION

C.R.1.

No. 90 /19 74 / 75

COUNTY COUNCIL OF THE COUNTY OF STIRLING
SOCIAL WORK DEPARTMENT

FAMILY HISTORY OF CHILD IN CARE

C.R. No. 2815

1. Name of child Elizabeth Jane Wilson Thomson Lees VERHEES

2. Address when received into care 80 Wholequarter Avenue, Redding

Date of Birth 28.2.72

B/Certificate seen–~~YES~~/NO. ~~Long~~/Short

Sex F Leg–YES/~~NO~~.

Ethnic origin Caucasian

3. Place of Brith

Birth Entry No. District of

4. Religion (as expressed by parent(s) Protestant

5. Baptismal details

6. Cause of deprivation (S.E.D. Code) [redacted]

7. Section 1 reception into care on

State if *de facto* YES/NO.

8. Committal to care as Fit Person on (State Act and Court)

9. Parental Rights assumed on

10. Assisted under Section 20 from

11. *(a)* Is child ordinarily resident in another Authority?–YES/NO.

(b) Do Miscellaneous Provisions apply ? –YES/NO.

- 8 APR 1975

12. Local Authority responsible for Care (if other than Stirling C.C.) Maintenance

13. Estate, legacy held for child

14. Placings whilst in Care :

Name and Address of foster parents or Home	Date of Placing	Relationship to child
Weedingshall Children's HOme	2.4.75	

T.M.P.(S) Ltd.

15. Alleged/Putative/Legal Father. Date of Birth [redacted]

Name Henry VERHEES Nat. Insur. No. .....

Occupation ..... Religion Protestant

Co-habitation details .....

.....

Paternity Order details :

Date ..... Court ..... Amount .....

Address–(1) .....

(2) ..... (3) .....

....

(4) ..... (5) .....

....

16. Mother.

Name Mary VERHEES Maiden Name LEES

Known as ..... Former Names .....

Date of Birth [redacted] Religion .....

National Insurance No. .....

Address–(1) .....

(2) ..... (3) .....

....

(4) ..... (5) .....

....

17. Full name and address of husband of mother or wife of father, if not answered by 15 or 16.

.....

.....

18. Parental information.

Date and Place of Marriage February, 1971

If divorced–Date ..... Court .....

If separated–Date ..... Court .....

Legal custody of children .....

Maintenance Order details :

Date ..... Court ..... Amount–Mother .....

Children .....

19. Details of home conditions, parents character, child's background, general health, and need for care.

20. Relatives :

Names	Ages	Relationship	Address

Notes on interest by relatives in children and their willingness to help :

NAME OF CHILD .....Elizabeth Jane Wilson Thomson Lees Verhees.....

21. Siblings :

Name and Address	Date of Birth	Subsequent Addresses
[redacted]		

22. Name and address of School .....

.....

23. If not residing with parents :

Name of custodian ..... Relationship .....

Reason/duration for separation .....

.....

24. Name and address of Doctor.....

.....

25. Documentation : Birth Cert..... Baptismal Cert. .....

Nat. Medical Card ..... F.F.I..... Nat. Insur. Card .....

Milk Book..... Miscellaneous .....

26. Case referred by .....

27. Re-application number (where applicable) .....

.....

.....

.....

.....

Date.....7·4·75..... Social Worker .....B/Todd.....

Seen by Area Officer.....

Re-application
2815

C.R.1(a)

COUNTY COUNCIL OF THE COUNTY OF STIRLING
SOCIAL WORK DEPARTMENT

No. 6 /1974/75
Visipoint No. X/Ref/F/2815

CHILD in CARE
(Short Form – for under 6 months' duration)

1. Name of Child Elizabeth Jane Wilson VERHEES Date of Birth 28.2.72 Sex F
2. Address when received into care c/o Mrs. Thomasuski,
9, Knowehead Road, REDDING
3. Religion Protestant
(as expressed by parent)
4. Cause of deprivation [redacted]
(include S.E.D. Code)
and brief details of
home circumstances.
5. Date of reception into care 24.5.74 6. Is child ordinarily resident elsewhere ..... YES/NO

7.	Mother.	Father (Alleged putative or legal)
Full Name	Mary Sweeney or VERHEES	Henry VERHEES
Address	c/o Mrs Thomasuski, 9, Knowehead Road, REDDING.	Imprisoned
Occupation/ Employer		
Date of Birth	(19)	(23)
Nat. Insur. No.		

8. Brothers and Sisters.–

Name.	Age.	Address.
Raymond VERHEES	6mths	Woodingshall

9. Name/Address of School .....
10. Name/Address of Doctor Dr. Lynch, Stenhousemuir
11. Documentation: N.H. Medical Card ..... Milk Book .....
12. Referred by: .....

13. Name/Address of foster home or Home.	Date of Placing.
Keedingsvall Children's Home	24.5.74

14. Relatives and their willingness to assist:

Name.	Age.	Address.	Reason if unable to help.

15. Medical Record:

(a) Prophylaxis with dates.

Smallpox .....
Diphtheria .....
Whooping Cough .....
Tetanus .....
B.C.G. .....
Polio .....

(b) History of –

Accidents .....
Illnesses .....
Handicaps and Operations .....
Important family medical history .....

(c) Details of Bowel and Bladder Control .....

(d) Feeding details for Infants. .....

16. Permission for operative treatment.

You can agree to your child receiving operative treatment, including the administration of a general anaesthetic, if recommended by a Medical Officer, to avoid any delay should an emergency arise. Additionally you can give consent for your child to be protected by vaccination and immunisation.

I agree to my child .....

.....

receiving operative treatment including the administration of a general anaesthetic should it be recommended by a Medical Officer, in an emergency.

I further agree to my child being protected by vaccination, immunisation.

Date 24/5/74 Signed Mary Vestlees
Parent.

17. Date ..... Social Worker Mary Curtis

Seen by Area Officer .....