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NATIVE



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1121 NATIVE WELFARE DEPT  
85 Nov 1984



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**Particulars of Unmarried Mother and Child****Child Welfare Act, 1947 (Section 110)**

File No. ....

What is your full Name .....

Religion.....Age.....Where born.....

What is your occupation.....Usual earnings.....

What is your present address (in full).....

What is your permanent address (in full).....

How long in W.A.....Are you a Nominated or Assisted Immigrant.....

Where did you come from to this State.....

**WHAT IS THE NAME OF YOUR CHILD** .....

Date of birth.....Where born.....

Are you nursing your child.....

If your child is not born, when is it expected.....

Who is the father of your child.....

What is his age.....occupation.....

What is his address (in full).....

Have you any proof of paternity (i.e., letters or other proof).....

Have you approached him regarding maintenance of your child.....

If so, does he admit parentage.....Does he deny parentage.....

Have you taken any proceedings against him or any }  
other action to make him pay maintenance }

Have you any money on hand, in Savings or other Bank or elsewhere.....

What is your father's full name.....

Occupation.....

What is your father's income, including earnings.....

What is your mother's full name.....

Has your mother any income.....

Where do your parents reside (Address in full).....

.....

Are your parents aware of position.....Are they in position to help you.....

Have you any brothers or sisters, if so give particulars of same and earnings of those over  
14 years of age.....

.....

Are your parents willing to have you home with your child. If not, state reason.....

.....

Date.....Signature.....



WESTERN AUSTRALIA  
CHILD WELFARE DEPARTMENT

_____ _____ _____
-------------------------

### APPLICATION FOR A CHILD TO BE BOARDED OUT

Applicant's Name .....  
(Christian Names in Full)

Maiden Name ..... Date of Birth .....

Place of Birth .....

Religious denomination of applicant's family .....

Address in full .....  
(State House Number)

Single, Married or Widow .....

Date of Marriage ..... Place of Marriage .....

If single or widow, state means of livelihood .....

Husband's Name ..... Date of Birth .....  
(Christian Names in Full)

Place of Birth .....

Occupation of Husband .....

Number, sex, and ages of children at home .....

.....

How far from nearest township? ..... Name of township .....

Name of school to which child will be sent .....

Distance from school ..... Church or Chapel .....

How many rooms in house? ..... Number of bedrooms .....

Describe sleeping accommodation for child .....

.....

State whether requiring boy or girl ..... Of what age? .....

Have you ever applied before for a ward of the Department? .....

Date of previous application .....

Date ..... 19 ..... Signature of Applicant.

#### CERTIFICATE

(To be signed by a Medical Practitioner, Minister of Religion, or a Justice of Peace)

I am acquainted with the abovenamed applicant, her husband, and family, and can recommend them as being of sober habits and kindly character, and fit persons to be entrusted with the physical and moral training of children.

Date ..... 19 ..... Signed .....

Address ..... Occupation .....

To THE DIRECTOR,  
CHILD WELFARE DEPARTMENT,  
PERTH.

CARD ENTERED
INITIALS



## WESTERN AUSTRALIA

[C.W.D.] Form No. 13

Child Welfare Act, 1947-58, Section 111

APPLICATION FOR A LICENSE TO ACT AS A  
FOSTER MOTHER

The Director,  
Child Welfare Department, Perth.

(a) Insert applicant's full name, address, and description.

I (a).....

Age..... Religion.....

Full Address.....

(b) If not following any occupation, write Home Duties.

(b) Occupation.....

hereby apply for a License to act as Foster Mother, subject to the provisions of the abovementioned Act and the Regulations thereunder :—

## PARTICULARS

Husband's name (in full).....

Occupation of Husband.....

Earnings..... Other income into home.....

Sex, and ages of applicant's children at home.....

## INFANTS IN APPLICANT'S CARE AT PRESENT

Names	Date of Birth	Amount of remuneration received per week

Signature of Applicant.....

Date..... 19.....

## CERTIFICATE

(To be signed by a Justice of the Peace, Medical Practitioner, or Minister of Religion)

I am acquainted with the abovenamed applicant, and recommend her as being respectable and of sober habits, and consider her a fit person to receive a License to act as a Foster Mother.

Signature.....

Date..... 19.....

22811/2/59—1m.

For Departmental Use	
Foster Mother Card.	Initial.....
	Date.....

Persons making application for a license to act as a Foster Mother should note that they have to make their own arrangements regarding remuneration with the person placing the child in their care, and that **no responsibility rests on the Child Welfare Department for payment.**



## CHILD WELFARE ACT, 1947-1965,

ORDER

Charge No. ....

CHILDREN'S COURT

at .....

in the State of Western Australia.

BE IT REMEMBERED that on the ..... day of

19 ..... at .....

..... a child

(Name)

of ..... years, born on the ..... day of .....

19 ....., whose religion appears to be ..... appeared before (me)  
(us)the undersigned (Special Magistrate)  
(and/or Members) of the Children's Court and .....(I)  
(We) therefore Order that the aforesaid .....

be .....

for a period of ..... or until ..... years of age,

conditionally, upon .....

with a recommendation that .....

..... Special Magistrate.

..... Member.

..... Member.

Seal of  
Children's Court.

## FOR DEPARTMENTAL USE ONLY

Entered	No.	Card completed for H.O. ....
Date	.....	Card completed for C.I. ....

When this Order is made, a copy thereof must be sent forthwith to the Director, Child Welfare  
Department, Perth



WESTERN AUSTRALIA  
Child Welfare Act, 1947-1956

ORDER FOR PAYMENT OF MAINTENANCE BY  
NEAR RELATIVE

IN THE CHILDREN'S COURT.

CHARGE No.....

HELD AT.....

BE IT REMEMBERED that on the.....day of.....19.....  
an application was made to the undersigned Special Magistrate (or members) of the above Court by  
.....that....., of

....., in the State of Western Australia who is alleged to be  
a near relative of.....who was on the

.....day of.....19....., adjudged to be.....

.....should be ordered to pay or contribute towards the

past or future maintenance of the said.....and having

heard the said application and the said.....

being present in Court (or having received the prescribed notice of the intention to make this applica-  
tion). I/We being satisfied that the said.....

.....is a near relative, to wit, the.....

.....of the said.....

and that he is able to pay for (or contribute towards) the past and future maintenance of the said

.....do order

the said.....to pay to the

Director of the Child Welfare Department forthwith:

.....Costs  
.....Confinement Expenses  
.....Past Maintenance  
.....Total

at the rate of.....per week till the full amount be paid, the first of such

weekly payments to be made on.....and also to pay to the said

Director of the Child Welfare Department, the sum of.....weekly and every

week for the future maintenance of the said.....

as from....., the first of such payments to be made on the.....day of

.....19....., and I/we direct that if default shall be made in payment of the

said sum of.....(or whenever and as often as default is made in any of the  
periodical payments hereinbefore directed to be made) the same shall be recoverable by execution  
against the goods and chattels of the person so making default as aforesaid, and that in default of  
payment as aforesaid and of sufficient goods and chattels the person so making default shall be  
imprisoned (with hard labour) for a period determined in accordance with the provisions of section  
167 of the Justices Act, 1902-1936, and subject to the provisions of that section.

Given under my/our hands at....., in the said State this

.....day of.....19.....

.....Special Magistrate.

.....Member.

.....Member.

ACCOUNTS BRANCH

Born.....File No.....

Entd.....

Léger Follo.....



**Indorsement of Service**

On the.....day of.....19.....  
at....., I served the within-named  
.....with the within Order by delivering a  
duplicate of it to him personally (or by leaving a duplicate of it for him with.....  
.....at.....  
his last known place of abode).

(Signature).....

(DATE).....



## CHILD WELFARE DEPARTMENT

PARTICULARS TO BE FURNISHED BY PERSONS DESIRING TO ADOPT  
A CHILD UNDER

The Adoption of Children Act, 1896-1949.

**HUSBAND:**

Name in full.....

Date of Birth:..... Place of Birth:..... Religion:.....

Present Address.....

How long have you resided at above address?.....

Former Address.....

Occupation..... Amount of Salary or Income.....

What Property and where situated.....

Date Married..... Where Married.....

(If not married in this State please enclose your  
Marriage Certificate)

Name:..... Date of Birth:..... Sex:.....

Number of Children }.....

Issue of Marriage }.....

Any Children by a former Marriage.....

Any Adopted Children.....

**WIFE:**

Name in full.....

Maiden Name.....

Date of birth:..... Place of birth:..... Religion:.....

Address.....

Any Private Income.....

What Property and where situated.....

Any Children by former Marriage.....

Sex and Age of Child required.....

Name of Child if known.....

Christian names by which child

is to be known after adoption.....

Special Remarks.....

Have you or your husband been convicted

in a police or any other court?.....

(Signature).....

(Husband)

Date.....19.....

(Signature).....

(Wife)



WESTERN AUSTRALIA

CHILD WELFARE DEPARTMENT.

PARTICULARS TO BE FURNISHED BY PARENTS  
CONSENTING TO ORDER OF ADOPTION.

MARRIED WOMAN, WIDOW, OR DIVORCED WOMAN.

MOTHER:

Name in full..... Nee.....

Address .....

Occupation..... Religion..... Age.....

Date of Marriage..... Place of Marriage.....

If previously married:— Former Name.....

Date of first marriage..... Place.....

If a widow:—

Date of Death of Husband..... Place.....

If divorced, date of decree absolute .....

HUSBAND:

Name in full..... Age.....

Address .....

Occupation.....

FATHER OF CHILD:

Name in full..... Age.....

Address .....

Occupation.....

Has father of child contributed towards child's }  
maintenance in any way? }

How long since you last }  
saw the father? }

When did you last communicate }  
with the father? }

CHILD:

Name in full .....

Date of Birth..... Place of Birth.....

Religion..... Is child baptised?.....

If so, where and when? .....

Colour of eyes..... Complexion .....

Colour of hair..... Is hair straight or curly?.....

Signature.....

Date.....

THIS FORM MUST BE FILLED IN IN THE  
SIGNATORY'S OWN HANDWRITING.

Card Completed.....



WESTERN AUSTRALIA

CHILD WELFARE DEPARTMENT

Particulars to be furnished by Parent consenting to  
Order of Adoption

SINGLE WOMAN

MOTHER OF CHILD:

Name in full (Surname) / (Christian Names)

Address

Occupation Religion

Nationality

Date of birth (Day) (Month) (Year) Place of birth

Names of Parents of Mother of Child:

Father

Mother

Mother's maiden name

FATHER OF CHILD:

Name in full (Surname) / (Christian Names) Age

Address

Occupation

Has father of child contributed towards child's maintenance in any way?

How long since you last saw the father?

When did you last communicate with the father?

CHILD:

Name in full

Date of birth (Day) (Month) (Year) Place of birth

Religion Is the child baptised?

If so, where and when?

Colour of eyes

Colour of hair Is hair straight or curly?

Complexion

Date Signature

Remarks:

THIS FORM MUST BE FILLED IN IN THE SIGNATORY'S OWN HANDWRITING

Card completed



WESTERN AUSTRALIA

Child Welfare Act, 1947-65

**SECTION 24**

Age last birthday.....

TAKE NOTICE that you are required to attend the Children's Court held

at.....at.....o'clock

on.....the.....day of

.....19....., in the following matter :—

.....

.....

.....

.....

.....

**Your father or mother or some responsible adult relative should accompany you.**

Dated this.....day of.....19.....

.....  
Clerk of the Court.

[Over]



### Indorsement of Service

On the..... day of..... 19.....  
at....., I served the within-named  
.....with the within Summons by delivering  
a duplicate of it to him personally (or by leaving a duplicate of it for him with.....  
.....  
at.....his last known place of abode).

(Signature).....



CHILD WELFARE DEPARTMENT

The Medical Superintendent,

I hereby authorise an anaesthetic to be administered  
to ..... for  
the purpose of undergoing an operation for .....

Date .....

Asst. Director, Child Welfare Dept.



WESTERN AUSTRALIAChild Welfare Act, 1947-65

## Section 30

APPLICATION

In the Children's Court held at.....

Charge No.....

.....

Fees Paid.....

.....

Abstract No.....

The application by.....

of.....in the said State

.....this.....day of.....19..... before the

undersigned, one of Her Majesty's Justices of the Peace, who applies for a declaration

by the said Court that on the.....day of.....19..... at

.....

.....

.....

are destitute or neglected children within the meaning of the said Act, as defined in

Section 4, definition.....

.....  
(Signature of Applicant.)

Sworn or made before me the day and year first abovementioned at.....

.....in the said State.

.....



File No. H.O.....  
D.O.....

CHILD WELFARE DEPARTMENT

REPORT OF SATISFACTORY CASE OF\*

- Supervision.
- Probation.
- Ward boarded out.
- Ward on parole.
- Ward on service.
- Migrant Child.
- Foster Child.
- Ward in Institution.
- Ward on special subsidy.
- Migrant on special subsidy.

Case of :

Address :

Name of\* { Parent  
Foster Parent  
Employer  
Institution

The home of the above-named\* { Parent  
Foster Parent  
Employer  
Institution } was visited on.....

The Department's requirements are being complied with and the case is satisfactory in every respect. Details have been recorded on Case History Card by me.

The child was seen/not seen. (If not, state reason.)

Date of last full periodical report submitted.....

SPECIAL NOTE :

Date..... Signed.....

H.O. NOTATION

Seen by Welfare Officer..... Seen by S.P.O.....

Noted on Card..... Noted on Card.....



CHRISTIAN NAMES:

BORN:

FILE No.

H.O.  
D.O.

COURT:

CHARGE:



EXPIRY  
DATE

DECISION:

DATE:

ADDRESS:

PARENTS:

36364/6/67-2M-2620

CASE HISTORY



INFORMATIVE REPORT ON CHILD

COURT..... CHARGE Nos.....

DATE OF HEARING.....

NAME..... RELIGION.....

ADDRESS.....

DATE OF BIRTH..... AGE..... PLACE OF BIRTH.....

POSITION IN FAMILY..... SIBLINGS.....

FATHER'S NAME..... AGE.....

ADDRESS..... RELIGION.....

S/FATHER'S NAME..... AGE.....

ADDRESS..... RELIGION.....

OCCUPATION OF FATHER/STEP-FATHER..... WAGE.....

MOTHER'S NAME..... AGE.....

NEE.....

ADDRESS..... RELIGION.....

S/MOTHER'S NAME..... AGE.....

ADDRESS..... RELIGION.....

OCCUPATION OF MOTHER/STEP-MOTHER..... WAGE.....

STATE IF EITHER PARENT DECEASED..... IF SO, WHEN.....

IF SEPARATED OR DIVORCED GIVE DETAILS.....

CUSTODY OF CHILD/CHILDREN TO.....

IF CHILD NOT LIVING WITH PARENTS GIVE DETAILS.....

HOME CONDITIONS.....

PARENTAL ATTITUDE.....

SCHOOLING : PAST..... PRESENT.....

EMPLOYMENT : PAST.....

PRESENT.....

WAGE..... BOARD..... POCKET MONEY.....

COMMITMENTS..... BANK.....

CHILD'S INTERESTS.....

CHARACTER AND CONDUCT OF CHILD.....

PREVIOUS DEPARTMENTAL ACTION (AND CONDUCT WHILE UNDER SUPERVISION, ETC.).....

HEALTH AND CLINICS ATTENDED, ETC.....



SIGNIFICANT ASPECTS (FOR INFORMATION OF COURT) .....

PRESENT OFFENCES (WITH BRIEF DETAILS).

DEPARTMENTAL RECOMMENDATION.....

REASONS.....

COURT DECISION.....

ADDITIONAL INFORMATION FOR COURT OFFICER

WHO WAS INTERVIEWED ?.....

WHO WILL ATTEND COURT ? .....

IS CHILD ON BAIL, IN CUSTODY, OR ON SUMMONS ?.....

WHAT PLEA IS ANTICIPATED ? .....

COMMENTS ON PAYMENT OF RESTITUTION.....

HAS CHILD BEEN DISCIPLINED BY PARENTS FOR OFFENCE ?.....

GENERAL COMMENTS (INCLUDING ANY INFORMATION NOT TO BE GIVEN IN OPEN COURT).....

DATE .....

**SIGNED** .....



# INFORMATION REPORT

For FIRST Court Appearance

COURT.....

Date of hearing.....

Charge No. ....

Name.....

Date of Birth.....

Address.....

Place of Birth..... Religion.....

Occupation or School Standard.....

## Particulars of Parents

Father's Name..... Occupation.....

Mother's Name..... Maiden Name.....

Father's Address.....

Mother's Address.....

## Particulars of Step-parents

Number of Children in Family—Over 14 Years..... Under 14 Years.....

Character and conduct of Child up to the present.....

Character of Parents and Step-parents.....

Present Offence(s).....

Departmental Opinion.....

Verdict of Court.....

Remarks.....

Date.....

Signature.....



# INFORMATION REPORT

## For SUBSEQUENT Court Appearances

COURT.....

Date of hearing.....

Charge No.....

Name..... Date of Birth.....

Address.....

Occupation.....

Father's Name..... Occupation.....

Mother's Name..... Maiden Name.....

Father's Address.....

Mother's Address.....

Particulars of Step-parents.....

Number of Children in Family—Over 14 Years..... Under 14 Years.....

Previous Offence(s).....

Present Offence(s).....

Departmental Opinion.....

Verdict of Court.....

Maintenance Action.....

Remarks.....

Date..... Signature.....



DEPARTMENT OF NATIVE WELFAREPERSONAL HISTORY SHEET

FILE NO .....

SURNAME ..... CHRISTIAN NAME .....

SEX ..... CASTE .....

BIRTH REGISTRATION NO .....

DATE EVIDENCE OF AGE, ACQUIRED, IF NOT REGISTERED .....

FATHER'S NAME ..... CASTE ..... FILE NO. ....

MOTHER'S NAME ..... CASTE ..... FILE NO. ....

NAME OF HUSBAND/WIFE ..... CASTE ..... FILE NO. ....

FATHER'S NAME ..... CASTE ..... FILE NO. ....

MOTHER'S NAME ..... CASTE ..... FILE NO. ....

DATE MARRIED ..... PLACE MARRIED .....

MARRIAGE REG. NO. ....

CHILDREN:

<u>NAME</u>	<u>DATE BIRTH</u>	<u>BIRTH PLACE</u>	<u>CASTE</u>	<u>FATHER</u>	<u>MOTHER</u>	<u>FILE NO.</u>
-------------	-----------------------	------------------------	--------------	---------------	---------------	---------------------

.....

.....

.....

.....

.....

.....

CERTIFICATE OF CITIZENSHIP NO. .... DATE GRANTED. ....

SOCIAL SERVICES BENEFITS (STATE TYPE AND DATE GRANTED)

.....

.....

.....

ADDRESS .....



A B C D E F G H I J K L M Mc N O P Q R S T U V W X Y Z

SURNAME

DNW 16

NAME \_\_\_\_\_ FILE No. \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ PLACE \_\_\_\_\_ REG. No. \_\_\_\_\_

CASTE \_\_\_\_\_ RELIGIOUS DENOM. \_\_\_\_\_

FATHER \_\_\_\_\_ CASTE \_\_\_\_\_

MOTHER \_\_\_\_\_ CASTE \_\_\_\_\_

SPOUSE \_\_\_\_\_ CASTE \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_ L-T-D/F \_\_\_\_\_

CHILDREN (If insufficient space see reverse)

NAME	OTHER PARENT	CASTE	BIRTH DATE	REG. No.	CARDED

Sex-Male

F.B.

S. Ward

Ret. Sold.

4 or Less.

SOCIAL SERVICE ENTITLEMENT

WARRANT

Age  
Invalid  
Widow  
W. Alice.  
Special  
T.B.  
Deptl.  
Mission  
Station

EMPLOYMENT

EDUCATION

DISTRICT

Professional

Clerical

Trade

Rural

Industrial

Mining

Pastoral

Peas. sh

Self-Emp.

Skilled

Unskilled

Domestic

Primary

Secdy.

Tert.

Scholarship

Bursar

H.S. Cert.

Junior

Leavies

Degree

Student

Graduate

Serv. A/ship



[illegible]

PENSIONS AND ALLOWANCES			
TYPE	GRANTED	NUMBER	AMOUNT

AMOUNT

EMPLOYMENT-If engaged in profession, trade, or apprenticeship specify type-

GENERAL



STATION: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PEDAL: \_\_\_\_\_ LANDING GROUND: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

DATE OF LAST INSPECTION \_\_\_\_\_

MANAGER:

INDUSTRY:

WORKERS' COMPENSATION COVER:

INDICATE THE NUMBER OF NATIVES IN THE FOLLOWING CATEGORIES:

Male

FemaleTotals

RURAL WORKERS  
DOMESTIC WORKERS  
PENSIONERS  
CHILDREN  
OTHERS

TOTAL:

(Please complete list showing Names, Sex, Ages, Caste, Type of employment - Wages, Page 4)

ACCOMMODATION: - General description of the type of housing provided for family units and single natives.

NATIVES (Other than Pensioners)

## PENSIONERS

If housing inadequate, what is the intention of the station to improve conditions?

What balance of pension money is held by the station for the provision of housing for pensioners?



Instruction A-5-4

Mission Inspection Report

MISSION: . . . . .

CONTROLLING AUTHORITY: . . . . .

POSTAL ADDRESS: . . . . .

PHONE: . . . . . PEDAL: . . . . . LANDING GROUND: . . . . .

DATE VISITED: . . . . . BY: . . . . .

DATE OF PREVIOUS VISIT: . . . . . BY: . . . . .

STATE NAME OF INSURANCE COMPANY: A. FIRE  
B. WORKERS COMPENSATION

LOCATION AND ACCESS:

STAFF: (NAMES)

	ADULTS		CHILDREN		TOTAL
	M.	F.	M.	F.	
POPULATION: Full Bloods	....	....	....	....	.....
Other Bloods	....	....	....	....	.....
NO. SUBSIDISED BY DEPARTMENT:	Adults.....		Children.....		Total.....
WAS PHYSICAL CHECK MADE OF SUBSIDISED NATIVES? ..... YES/NO - .....					
NO. ACTUALLY PRESENT AT PHYSICAL CHECK - .....					

ACCOMMODATION: COTTAGES, DORMITORIES, HUTS, etc. (Materials used for roof, external walls, floors and linings; size; suitability of buildings; improvements recommended; etc.)



DEPARTMENT OF NATIVE WELFARESchedule of Boarding Out Payments

Dr. to the undermentioned persons for maintenance of children under Boarding Out Allowance for the periods stated hereunder.

NAME of Foster Parent	Address	Name of Child	Period		Number of Days	Rate of pay per week	Sub-total	Amount
			From	To				



Instruction B-9-4\_\_\_\_\_  
HostelINMATE ADMISSION FORM

To be completed in triplicate on admission of child and two copies forwarded to the Divisional Superintendent.

NAME: . . . . .  
(Surname) (Christian Names)

(Also known as): . . . . .

DATE OF BIRTH: . . . . . CASTE: . . . . . DATE OF ADMISSION . . . . .

PARENTS: FATHER . . . . . MOTHER . . . . .

RELIGION OF CHILD: . . . . . SCHOOL LAST ATTENDED . . . . .

GRADE ON LEAVING: . . . . . DATE LAST ATTENDED . . . . .

FATHER'S OCCUPATION: . . . . . PLACE OF EMPLOYMENT . . . . .

NAME & ADDRESS OF PERSON RESPONSIBLE FOR FEES: . . . . .

. . . . .

PARTICULARS OF IMMUNISATION: . . . . .

. . . . .

COMMENT BY OFFICER IN CHARGE: . . . . .

. . . . .

COMMENT BY COMMITTEE: . . . . .

APPLICATION IS/NOT APPROVED . . . . .

WEEKLY AND FORTNIGHTLY RETURNS NOTED.

Supt. of Native Welfare,  
. . . . .  
. . . . .

Admission form in duplicate is submitted.

Officer in Charge

. . . . ., Hostel.

Commissioner of Native Welfare,  
PERTH.

Admission form herewith.

Superintendent

. . . . . Division.

Social Welfare Section.

Noted by S.C.S.W. . . . .

S.S.B.O. . . . .



Instruction B-9-10

..... HOSTEL

REPORT ON INMATEGENERAL PROGRESS REPORT FOR <sup>Term</sup> Half Year ENDED .....

NAME OF CHILD ..... DATE OF BIRTH .....

ADMITTED .....

FATHER .....

MOTHER .....

PARENTS' ADDRESS .....

SCHOOL ATTENDING ..... GRADE .....

GENERAL COMMENT BY SCHOOL TEACHER FROM SCHOOL REPORT ON ABILITY  
AND PROGRESS .....

.....

.....

.....

.....

COMMENT ON TRADE TRAINING .....

.....

.....

.....

MEDICAL AND DENTAL .....

.....

.....

CONDUCT .....

.....

.....

REMARKS BY OFFICER IN CHARGE .....

.....

.....

.....

DATE ..... OFFICER IN CHARGE .....

\*COMMENT BY FIELD OFFICER IS NECESSARY .....

.....

.....

DATE DATE ..... FIELD OFFICER .....

\*In final report for year please indicate whether child is  
expected to return or to employment. If to employment, has this  
been arranged?

HEAD OFFICE ACTION

RECORDED

S.S.B.O.

DATE



Instruction B-9-4

.....HOSTEL

DISCHARGE FORM HOSTEL INMATES

To be completed in triplicate by the Officer in Charge on permanent discharge of any child. Two copies to be forwarded to the Divisional Superintendent.

Supt. of Native Welfare,

.....  
.....

Name of Child .....

Also known as .....

It is advised that the abovenamed child was discharged on the .....

Reason for Discharge .....

.....

Notation has been made on weekly register of arrivals and departures and child endowment return.

.....  
Officer in Charge

Date .....

Commissioner of Native Welfare,  
PERTH.

Notification of discharge is submitted for your information.

Further comments: .....

.....

.....  
Supt.....Division

Date .....

HEAD OFFICE ACTION

Noted in Social Welfare Section by:

1. S.C.S.W. .... Date .....

2. S.S.B.O. .... Date .....



DEPARTMENT OF NATIVE WELFAREFORM OF CONSENT FOR ADMISSION OF CHILD TO A NATIVE INSTITUTION

(To be rendered in duplicate to the nearest Native Welfare Field Officer together with a "Notice of Admission" form if not already forwarded)

1. I, \_\_\_\_\_ of \_\_\_\_\_  
hereby consent to the admission of my child \_\_\_\_\_  
\_\_\_\_\_ now said to be \_\_\_\_\_ years of age  
to your care in the \_\_\_\_\_ Mission, a Native  
Institution within the meaning of the Native Welfare Act, 1963.

I undertake not to remove the said child from the  
\_\_\_\_\_ Mission without the consent of  
the Mission Manager and/or the Commissioner of Native Welfare.

Signed \_\_\_\_\_  
(Parent or Guardian)

2. I, \_\_\_\_\_ for and on behalf of the  
\_\_\_\_\_ Mission, hereby accept the child  
of \_\_\_\_\_ known as \_\_\_\_\_  
as an inmate of the said Mission, and I, on behalf of the  
\_\_\_\_\_ Mission, hereby undertake to feed,  
clothe, educate and generally care for the said child and also  
undertake to provide him/her with medical and hospital attendance  
and medicines as may be necessary.

I further agree not to transfer the child to the care of  
any other person or persons whatsoever without first obtaining the  
approval of the above-named parent (or guardian) and/or the  
Commissioner of Native Welfare.

Date .....

Signed \_\_\_\_\_  
(on behalf of the said  
Mission)

Approved, subject to confirmation by Field Officer.

Date .....

(F.E.GARE)  
COMMISSIONER OF NATIVE WELFARE

FOR DEPARTMENTAL USE ONLY

Confirmed:

DATE: .....

S.C.S.W.



DEPARTMENT OF NATIVE WELFARERegulation 36Instruction B-15-9

MISSION

DATE

District Officer of Native Welfare,

APPLICATION TO ADMIT A NATIVE CHILD TO A MISSION

Name: \_\_\_\_\_ Sex \_\_\_\_\_

Caste: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Verified By: \_\_\_\_\_

Father's Name and Age: \_\_\_\_\_

Father's Occupation and Address: \_\_\_\_\_

Mother's Name and Age: \_\_\_\_\_

Mother's Occupation and Address: \_\_\_\_\_

Will child be fully maintained by Mission? \_\_\_\_\_

If child already admitted, state date of admission: \_\_\_\_\_  
and explain why admission occurred without the  
consent of the Commissioner: \_\_\_\_\_

Reason for Admission: \_\_\_\_\_

Why are Parents unable to support child? \_\_\_\_\_

Admission requested as (delete those not applicable)

1. Native Welfare subsidy case.
2. State Ward with Native Welfare Subsidy.
3. State Ward with subsidy to be claimed through Child Welfare.
4. Education Department L.A.F.H.A. case.
5. Department of Social Services Child Allowance case.
6. Parental contribution case.

.....  
Manager of Mission

Supt. of Native Welfare,

Confirmation, report and recommendation: \_\_\_\_\_

Date ..... District Officer .....

COMMISSIONER OF NATIVE WELFARE:Date .....  
.....  
Supt. of Native Welfare ..... Division

For Head Office action see back



## HEAD OFFICE ACTION

MOI 3:11K

S.C.S.W.

Date \_\_\_\_\_

Reference Officer.

D. C. N. W.

Date \_\_\_\_\_

S. C. S. W.

S. C. S. W.

Subsidy is/is not approved.

Date \_\_\_\_\_

D. C. N. W.

Ref. Of.

Date \_\_\_\_\_

S. C. S. W.

Noted in Records and all concerned advised.

Rate approved \_\_\_\_\_ per week from \_\_\_\_\_

Date \_\_\_\_\_

REFERENCE OFFICER.



.....  
 .....  
 .....  
 .....  
 Date

Director-General of Education,  
 Parliament Place,  
WEST PERTH. W.A. 6005.

I ..... hereby  
 authorise as follows:

(a) Living Away From Home Allowance payable in respect  
 of my child/children :-

.....  
 .....  
 .....  
 .....

be paid direct to the Manager .....

..... Mission at .....

(b) The Field Officer for Native Welfare at .....

..... to sign the Education Department  
 L.A.F.H.A. Claim Form 10B. on my behalf.

.....  
 Signature of Parent

.....  
 Witness

.....  
 Address of Witness

.....  
 Date



.....  
 .....  
 .....

Date

Director-General of Education,  
 Parliament Place,  
WEST PERTH. 6005.

I ..... hereby  
 authorise as follows:-

- (a) Living Away From Home Allowance payable in respect of  
 my child/children -

.....  
 .....  
 .....  
 .....  
 .....

be paid direct to the Department of Native Welfare,  
 West Perth.

- (b) The Officer in Charge ..... Hostel  
 to complete the Education Department's L.A.F.H.A.  
 Claim Form 10B on my behalf.

.....  
 Signature of Parent

.....  
 Signature of Witness

.....  
 Address of Witness

.....  
 Date



DEPARTMENT OF NATIVE WELFARE

Instruction B-15-7

REPORT ON INMATE

MISSION

Report to be completed and forwarded to the nearest Field Office by 31st December of year concerned.

GENERAL PROGRESS REPORT FOR YEAR ENDED

NAME OF CHILD DATE OF BIRTH

ADMITTED

FATHER

MOIHER

PARENTS' ADDRESS

SCHOOL ATTENDING GRADE

GENERAL COMMENT BY SCHOOL TEACHER FROM SCHOOL REPORT ON ABILITY AND PROGRESS

COMMENT ON TRADE TRAINING (IF APPLICABLE)

MEDICAL AND DENTAL

CONDUCT

\*REMARKS BY MISSION MANAGER

DATE

MISSION MANAGER

COMMENT BY DISTRICT OFFICER TO DIVISIONAL SUPERINTENDENT :

DATE DISTRICT OFFICER

COMMISSIONER OF NATIVE WELFARE :  
(Comments by Divisional Supt.)

DATE SUPT DIVISION

\*In your report please indicate whether child is expected to return for further education or is seeking outside employment. If outside employment has this been arranged?

HEAD OFFICE ACTION

Noted . . . . . S.C.S.W.  
Date . . . . .

Recorded . . . . . S.S.D.O.  
Date . . . . .



TO District Officer of Native Welfare

DATE \_\_\_\_\_

MANAGER OF MISSION/INSTITUTION



DEPARTMENT OF NATIVE WELFARE  
Instruction B-15-6

MISSION

DATE

District Officer of N/Welfare

ANNUAL RETURN OF INMATES AS AT  
31st DECEMBER

Number in Each Category Required

	<u>Males</u>	<u>Females</u>
<u>Adults :</u>		
21 & over		
Subsidised		
Not Subsidised		
<u>Children :</u>		
16 to 20 years		
Subsidised		
Not Subsidised		
<u>Children :</u>		
Under 16		
Subsidised		
Not Subsidised		
TOTALS :		
GRAND TOTAL		

\_\_\_\_\_  
MANAGER OF MISSION

SUPT OF NATIVE WELFARE :

DATE :

\_\_\_\_\_  
DISTRICT OFFICER

COMMISSIONER OF NATIVE WELFARE :

DATE :

SUPERINTENDENT

DIVISION

HEAD OFFICE ACTION

Subsidy Records checked \_\_\_\_\_ Date \_\_\_\_\_

Recorded in Statistical Record \_\_\_\_\_ Date \_\_\_\_\_



DEPARTMENT OF NATIVE WELFARE

(TO BE SUBMITTED BY MISSION IN SINGLE COPY TO NEAREST NATIVE  
WELFARE FIELD OFFICER)

.....Mission  
.....Date

Supt. of Native Welfare,  
.....  
.....  
.....

Dear Sir,

Notification of Discharge of a Native Child (Regulations  
31, 35(2), 39(2)(3) or an adult native for whom Subsidy is  
paid or the death of a Subsidised inmate.

Please be advised that .....  
Discharged on .....  
died

Reason for Discharge : .....  
.....

If Ward to employment :

Name of Employer : .....

Address : .....

Terms of Employment :

Date Commenced : .....

Wages : .....

Other Conditions : .....

Cost of Transport : .....

By Whom Transport Payable : .....

Yours faithfully,

.....  
(Manager of Mission)

Commissioner of Native Welfare,  
PERTH W.A.

Recommendations : .....  
.....

Date .....

.....  
Supt. of Native Welfare

Head Office Action

Discharge noted on subsidy list.

Date .....

Reference Officer



MENTAL HEALTH ACT, 1962  
(Section 27 (1) (a))

**APPLICATION FOR THE INFORMAL ADMISSION  
OF A PERSON UNDER THE AGE OF 18 YEARS**

To: The Superintendent,

..... Hospital.

I, .....  
(Christian Names) (Surname—in Block Letters)

of .....  
(Full Address)

being a parent of or a guardian having the custody of

.....  
(Full Name—in Block Letters)

who was born on the ....., 19 ....., hereby  
make application for h ..... to be admitted as a patient under the provisions  
of Division 1 of Part IV of the Mental Health Act, 1962.

I understand that any application for the discharge of the abovenamed  
must be made in writing and that ..... may be detained for 72 hours after  
that application is received.

Dated the ....., 19 .....

.....  
Signature

.....  
Witness

(Statement on back of this form to be completed)

**For Hospital Use Only:**

Received into Hospital—Date ..... Time .....

Examined: Date ..... Time ..... By .....

Date ..... Time ..... By .....

Date ..... Time ..... By .....

Admitted: Date ..... Time ..... By .....

Admission Refused ..... By .....



## INSTRUCTIONS TO REPORTING OFFICERS

(PLEASE READ CAREFULLY BEFORE COMPLETING THE FORM)

1. The information on this form will be used in considering extension of engagement, permanent appointment, salary increase and other special occasion as required.  
It is therefore very important for both the Public Service and the officer concerned that a thoroughly objective assessment be made and accurate information given.
2. *Staff Report Forms are Strictly Confidential.*
  - (a) The reporting officer should be one in authority who is thoroughly acquainted with the officer reported on and the work on which he is engaged.
  - (b) The Branch Head is requested to check ratings as far as possible and call on the reporting officer to justify his assessments if necessary.
3. *How to Use the Form.*
  - (a) Study the form before rating the officer.
  - (b) Each of the characteristics in Sections 1 to 13 is to be appraised. Place a tick in the appropriate box in columns A to E, making sure that the answer is as near as possible to the description of the officer. Do not tick more than one rating.  
It will be noted that there are five degrees of each characteristic ranging from maximum to minimum. There is a space at the far right of the form for any special comments. If one of the five ratings does not properly fit, or if the nearest rating does not cover an important aspect of the officer, a brief note should be made in the special comments column. Do not use this column for amplifying unnecessarily.
  - (c) Develop a standard for comparison of individuals. Think of the persons known in like jobs. How does the officer under consideration compare with the best? How does he compare with the worst? Except in small groups it will be found that there will be a fairly even distribution of ratings around average, a small proportion above and below, and a very small proportion rated on the maximum or minimum degree of some characteristics. The aim of the reporting officer should be to discriminate amongst those whom he supervises.
  - (d) There are several pitfalls in rating which need to be stressed. These are :—
    - (1) The "halo" effect—the tendency to allow a general impression based on one aspect of a person's performance to influence the assessment of the other points to be rated. This could lead to consistently high or low ratings.
    - (2) The "error of leniency"—this arises when, on the more important or desirable traits, rating officers rate more highly than is warranted those whom they know well and like.
    - (3) The "error of central tendency"—the tendency to avoid giving extreme judgments so that ratings all fall around mid-point of the scale.
    - (4) Rating errors specific to the rater—some raters are consistently harsh or lenient in their ratings. One rater may set a standard by which no one can ever be better than average, another may be disinclined to make anyone below average.
4. Under "Conclusions" add any general comments and briefly sum up your opinion of the capabilities of the officer.
5. *Officer's Shortcomings.*—Whilst it is essential that an officer be informed of his shortcomings when completing the report, it is desirable for any weaknesses to be pointed out to him as they first appear, so that at the time of completing the form some indication of the officer's response can be given.
6. RATE ONLY ON THE BASIS OF THE OFFICER'S PERFORMANCE ON THE WORK HE IS NOW DOING.
7. REMEMBER TO BE COMPLETELY OBJECTIVE AND FACTUAL IN YOUR ASSESSMENT.



# CONFIDENTIAL STAFF REPORT

(Before completing this form please read instructions on reverse side)

NAME..... AGE..... years ..... months

DEPARTMENT ..... DATE OF REPORT .....

BRANCH.....

ITEM.....	TITLE OF OFFICE.....	CLASSIFICATION.....
-----------	----------------------	---------------------

	A	B	C	D	E	SPECIAL COMMENTS
<b>ATTENDANCE AND PUNCTUALITY</b> 1. Is the Officer regular or irregular in his attendance ?	Frequently away and/or late	Very seldom away or late	Rarely away but sometimes late	Regular and punctual	Rarely late but sometimes away	
<b>APPEARANCE AND DRESS</b> 2. What is his personal appearance ? ....	Excellent	Neat and tidy	Passable	Slovenly	Unsuitable and extreme tastes	
<b>INTEREST</b> 3. What degree of interest does he display ?	Lacks interest generally	Shows lack of interest and enthusiasm to a marked degree	Exceptionally keen and enthusiastic	Displays above average interest	Displays a reasonable amount of interest	
<b>INITIATIVE</b> 4. How resourceful is he ? ....	Anticipates and deals with most situations	Reasonably resourceful and occasionally offers suggestions	Needs help to handle unusual situations	Rarely capable of independent decision	Shows exceptional initiative and ability to overcome unusual situations	
<b>ALERTNESS AND COMPREHENSION</b> 5. How readily does he grasp what is required ?	Alert and readily understands	Slow to comprehend and adapt	Very slow and dull	Exceptionally quick, even in a new situation	Quick to understand and act	
<b>APPLICATION</b> 6. How does he apply himself to the job in hand ?	Keen, energetic and willing	Applies himself steadily and industriously	Not always diligent and attentive. Lacks enthusiasm	Poor worker and can distract others	Exceptionally enthusiastic and energetic	
<b>KNOWLEDGE OF JOB</b> 7. To what extent does he possess the knowledge and ability necessary for the job ?	Has barely sufficient to cope with general requirements	Needs to refer too frequently, even on routine matters	Very well informed with unusually sound knowledge	Well informed with good knowledge of work area	Fairly well able to cope with most aspects	
<b>NEATNESS AND PRESENTATION</b> 8. Is his work tidy or untidy ? ....	Very neat and exact	Neater than most	Adequate	Somewhat untidy	Careless and slovenly	
<b>WORK OUTPUT</b> 9. What is his effective output ? ....	Consistently slow, tending to hold up work of office	Very fast worker, consistently producing considerable volume of work	Quick worker with greater output than normal	Normal output and keeps up with work flow	Not a fast worker but usually completes in reasonable time	
<b>ACCURACY AND RELIABILITY</b> 10. How accurate and reliable is his work ?	Exceedingly accurate and reliable	Rarely makes errors	Normally accurate and reliable	More errors and omissions than normal	Many errors and omissions	
<b>CO-OPERATION AND ACCEPTANCE OF CONTROL</b> 11. How well does he co-operate with fellow workers and superiors and accept controls ?	Difficult to handle in some circumstances	Definitely obstructive	Co-operates constructively and well in all matters	Very co-operative but inclined to fall in too readily with every suggestion	Normally co-operative and accepts controls	
<b>LEADERSHIP</b> 12. To what extent can he organise and inspire others or can any potential in this direction be seen ?	Leads and organises efficiently	Too early to express an opinion at this stage	Lacks a little in leadership	Shows no ability to lead or influence others	Outstanding organiser and leader	
<b>TEMPERAMENT</b> 13. How well does he stand up to varying situations and pressures ?	Steady and balanced in most situations	Normally steady but unusual situations upset him	Becomes ruffled and acts impetuously under any kind of pressure	Unusually well balanced and reliable under pressure	Calm and effective. Rarely loses control	

Reason for Report.....

## Conclusion

Have this Officer's shortcomings been drawn to his attention ? ..... Has any improvement resulted ? .....

(If this report is substantially an adverse report the provisions of Public Service Regulations 27-29 must be observed.)

Section Leader.

Branch Head.

Permanent Head.