

Surname DAYMANInitials DArmy No. W/ 266309

A.T.S. AND V.A.D. RELEASE BOOK

CLASS "A"



Any person finding this Book is requested to hand it in to any Barracks, Post Office, or Police Station, for transmission to the Under Secretary of State, The War Office, London, S.W.1.

This book must be presented at the Post Office whenever you cash a postal draft or one of the drafts in your payment book, to enable the Post Office Official to record the date of payment on the inside page of the front cover.

POST OFFICE STAMP SHOWING DATE
OF PAYMENT

Postal Draft for Cash Clothing Allowance
(Amount) asked

War Gratuity and Post War Credits deposited
in Post Office Savings Bank

ON HIS MAJESTY'S SERVICE

PAGE ONE (A)

NO STAMP
REQUIRED

Postage
Paid by
War Office

*Officer i/c A.T.S. Records,
Winchester,

OR

*Officer i/c R.A.M.C. and
A.D. Corps Records,
Hammersmith.

* Strike out whichever is inapplicable.

* O.C.
(Unit)

* Strike out
whichever is
inapplicable.

at
(Address)

the sum of £1 lbs. 0s. (one pound ten shillings) in exchange for my military
greatcoat which is returned herewith.

Signature of Auxiliary

Date



Note.—This arrangement is not applicable at London Passenger Transport
Board stations.

A.F. X 100
(A.T.S.)
(V.A.D.)

NOTIFICATION OF CHANGE OF ADDRESS

Name

Army No.

Present Rank

Coy. and Group/Unit

Date

Sin.

I beg to report the following change of address to which all communications should be sent :-

Signature

PAGE NINE

RELEASE-CHEATCOAT VOUCHER

Instructions to Auxiliary.

If you are returning your greatcoat to any railway station or to a unit notified to you at the Military Dispensal Unit, this page (which will be extracted by the Railway Company or a Unit) must be presented intact in this book with your greatcoat before the expiration of your Release leave, as shown on A.F. X 100D. The greatcoat should be neatly folded and tied with strong string.

Army No.

Surname (Block Letters)

Christian Name(s)

Present Rank

Coy. and Group

Received from

* Railway Company at Station.

* O.C.

(Unit)

at

(Address)

* Strike out
whichever is
inapplicable.

the sum of £1 10s. 0d. (one pound ten shillings) in exchange for my military greatcoat which is returned herewith.

Signature of Auxiliary

Date



Note.—This arrangement is not applicable at London Passenger Transport Board stations.

PART 1
INSTRUCTIONS TO RELEASED FORMER
MEDICAL TREATMENT AFTER LEAVING MILITARY INDUSTRIAL UNIT

You are now entitled to medical benefits under the National Health Insurance Act, and a medical card telling you how to get treatment will be sent to you as soon as possible.

Medical benefits include free treatment from an insurance doctor at his surgery (or if your medical expenses is, at your home, and the medicalist.

If you go back to live in your old district and find an insurance doctor before you joined up you will be entered in the list of doctors still in practice himself or by deputy.

If you fall ill before the medical card comes, fill in the application below and hand this back to your previous insurance doctor (or, if absent, his deputy). If you did not have an insurance doctor before you joined up (or if you go to live in another part of the country, apply to any insurance doctor. You can see a list of insurance doctors at the local Post Office.

Do not detach the form from the book. The doctor will do this.

PART 11—To be completed by YOU

Form Med 303

Name Dr. D. Number 61266309
 Institute D. Insurance (check letters) London
 Date of Birth 4.5.25 Sex M. (If a married woman, state maiden name) H. Mrs.



The above-named individual left this Military Deposed Card on the date shown in the stamp opposite.

PART III

Available for three months from date of leaving Military Deposed Card.

To be completed by relevant person (ONLY if seeking medical treatment before a medical card is received)

I have NOT received a medical card since leaving the Military Deposed Card and I hereby apply for a medical card to be issued to me.

Reasons are: (I was on the list of Dr. _____ immediately before I was mobilized or called up for service.
 I was not on the list of a doctor in the district where I am now, and I desire to be placed on the list of _____ (State name of doctor or approval institution.)
 My present address is _____

Do you intend to have this stated within three months from the date hereof? If so, when? _____

Name of Approved Society? (If any) _____
 (If a deponent member, state "M.")
 Name of Branch (if any) of Society _____
 Membership number _____
 Date _____
 Signature of released individual _____

* If you were a member of an Approved Society before you were mobilized or called up for service, or if you joined an Approved Society during the war, your name should be with others.

ST DORING, PETERBORGH
 could show this book to your doctor and if he is of opinion that such treatment
 is not. You should show this Release Book to the hospital authorities when

and Emergency Medical Scheme hospital where the treatment required can be
 Hospital Officer for the district in which the patient resides can give you the
 military or E.M.S. hospital where any message, X-ray examination or other
 for relief of pain or acute infection, during your leave, you should report to
 from any such treatment, you may obtain such treatment from a civilian dental
 to instructions below. The cost of any other form of treatment or of supply of
 Office or the Deputy Director of Dental Services or the Commandant in which you live
 of) of the A.T.S. or of a V.A.D., may be given treatment of an emergency nature as
 leave expires will not be met by W.D. but will be the patient's liability.
 should be sent to the Area, Director of Medical Services of the area in which the
 be sent to the Area, Director of Medical Services of the area in which the
 be sent to the Area, Director of Medical Services of the area in which the

to should also obtain THE BOOK AND SEND IT TO THE
 OFFICE OF LAYERS, PULLEN GROUNDS, ALKTON, NORTHANTS
 THE DISTRICT OFFICE IN SERVICE.
 before serving in H.M. Forces is accepted as from to-day as a temporary/
 help before serving in H.M. Forces has to-day applied to me for treatment.

If doctor is to supply
 drugs he should enter
 DR here

If doctor claims mileage
 he should enter
 here

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

Note. If there is insufficient space on the form for a full answer to any of the questions, you should write your answer on the back of the form and state the number of the question to which it relates.

PAGE THIRTEEN
 A.F. X 201/4
 M.P.B.781/4

CLAIM FOR DISABILITY PENSION—OTHER RANKS (WOMEN)

THIS FORM is to be used only if you claim to be suffering from a disability attributable to or aggravated by War Service. You may complete it at any time WITHIN 6 MONTHS after the date you ceased to draw service pay.*

When completed, the form should be sent to the Officer-in-Charge, A.T.S. Records, King Alfred's College, Winchester, or Officer-in-Charge, R.A.M.C., and A.D. Corps Records, Hammersmith, London, W.6.

Any pension granted on this application will commence on the day following the date of Release.

* After six months from the cessation of service pay, any claim to pension must be made on a different form, to be obtained from the nearest office of the MINISTRY OF PENSIONS, the address of which can be obtained at the local Post Office.

1. Surname (Block Letters).....
2. Army No.
3. Christian Name/s.....
4. Present Rank
5. Unit/Group.....
6. If you are a widow with children now under 10 years of age for whom you received family allowance at any time during service, give their particulars below :-
 Children :-
 Full Christian Name/s (and Surname where different from your own) and dates of birth.
 1.
 Date of birth.....
 2.
 Date of birth.....
 3.
 Date of birth.....

PARTICULARS OF CLAIM

The following questions should be answered with care. The answers will assist in the enquiries to be made of official records. Incomplete answers may delay the consideration of your claim.

QUESTION	ANSWER
7. What is the disability for which you claim pension ? If a wound or injury, state when and where received, and part of the body injured.	
8. Give the names of the hospitals or other places at which you received treatment during service for this disability, and the dates as nearly as you can.	
If you CLAIM SOLELY IN RESPECT OF A WOUND OR INJURY, YOU NEED NOT ANSWER ANY OF THE FOLLOWING QUESTIONS, but the claim form must be signed and dated (see below).	
QUESTION	ANSWER
9. (a) When did you first suffer from the disability ? (b) If before your war service, when did you first notice the effects of war service on it ?	(a) (b)
10. State what particular incidents or conditions of service you consider caused or worsened the disability.	(Write your answer on back of form.)
11. (a) With what unit were you then serving ? (b) Where were you then stationed ? (c) What was the precise nature of your duties at the time?	(a) (b) (c)
12. If you suffered from the disability before joining the Forces, give the name and address of any doctor, hospital, etc., from whom you received treatment. Give approximate dates.	
13. Have you been treated for the above or any other complaint since Release ? If so, state nature of complaint and name and address of doctor or hospital with first and last dates of attendance.	

Signature..... Date

Address

Address (if different from above) to which you desire the result of your claim to be sent.....

Witness to Signature..... Date

(Any householder)

Address of Witness.....

Second Signature of Applicant.....

(For record purposes)

1911-1912

OFFICE OF THE SECRETARY OF WAR

Office of A.T.S. Records,
Washington,

is

Office of A.A.H.C. and
A.S. Corps Records,
Washington.

Under the authority of the Secretary

1911-1912

1911-1912

1911-1912

RELEASE STATE CERTIFICATE

Army No. W266309 Branch Rank Plt
 Name (Block Letters) JAMES
 Christian Name BURDEN
 Reg. and Army Club Co 3 A A Co Holding Unit
 Date of last assignment 2.6.43 or date when military service
* State any restrictions in applicable
 (a) Trade or profession Steel Manufacturing (b) Service Grade O.P.C.
 (c) Trade courses and trade tests passed O.P.C. 86605 (d) Any other qualifications for civilian employment
 Military Category Very Good

Remarks:

During his short service that Mr. Burden has been with the Unit who has proved himself adaptable, reliable and true. He is a strong straightforward and enthusiastic Canadian, well and loyal to the Unit.
 Date 2 Aug 43

Signature of Officer

Signature of Adjutant/Recorder



* Army Education Board (including particulars under (a), (b), (c) and (d) below)

* This form will not be used to fill in with the words of neither the Officer Instruction

(a) Type of course

1st
 2nd
 3rd
 4th

(b) Length

(c) Total hours of instruction

(d) Record of achievement

* Instructions will insert the letter "I" here to indicate that in their view the record refers to courses in which they have acted as instructors.

Signature of Education Officer

NOTES:

- (1) Further details of service and of awards to which entitled may be laid on application to D. (a) Records, accompanied by the applicant's A.F. 1, Part 1.
 (2) If this certificate is lost or mislaid, no duplicate can be obtained.

THE GOVERNMENT'S PROCEDURE ON RELEASE LEAVES AND THE DETAILED RECORDS IN THE MILITARY DEPARTMENT UNIT STANDARDS OFFICE

* A certificate (A.F. 1 8001) denotes the date of award to the Classified List in the case of A.F. 1 members, and the transmission of award leaves of the case of U.S.D. members, will be issued by the Officer's Records Office. All personnel released are liable to recall if necessary during the retraining period of the certificate.



27 SEP 1945

