

R.A.F. FORM 2520C

OFFICER

18

217875



ROYAL AIR FORCE  
SERVICE AND RELEASE BOOK

Rank FLYING OFFICER

Personal Number 203137

Surname STAVES

Initials M.E.

Class of Release A

Age and Service Group No. 52

disability or service

NUMBER

etc.

# CHANGE OF ADDRESS—Notification to Air Ministry

If you change your address before your commission is terminated you should notify Air Ministry (O.A.R.) Adastral House, Kingsway, London, W.C.2.

Your notification should be in the following form:—

Christian Names }  
(in full) }

Surname.....

(please insert)

Rank.....

Personal Number.....

Branch in which commissioned.....

Type of Commission.....

I have to inform you that I have changed my address, which is now:—

(please insert)

Date.....

Signature.....

## WARNING

You are reminded that the unauthorized communication by you to any person at any time of any information that you may have acquired in the course of your Service renders you liable to prosecution under the Official Secrets Acts 1911 and 1920.

This covers disclosure in any form whether orally or in writing or by publication in the press or in book form.

In case of death, next of kin or personal representatives are requested immediately to inform Air Ministry (O.A.R.) Adastral House, Kingsway, London, W.C.2.

1. Surname (insert surname)	2. Personal No.	3. Unit (Group)	If "Yes" give particulars below:—	
2. Christian Name/s			Particulars of Discharge	Particulars of Discharge
4. Rank			Cause of Discharge	
6. Date of Release			Date of Discharge	
7. Have you served in the Armed Forces before the present War and been discharged?			Army or Official Number	
If "Yes" or "No"				
Former Regt., Corps or Ship, etc.				

# CHANGE OF ADDRESS

If you change your address, you should notify: Home, Hingway, London, W1

Your notification should be:

Christian Mission (in full)

Home

Branch

Branch in which communication

Type of Communication

I have to inform you of which is now

Date

R.A.F. FORM 1012  
17.10.20

## CLAIM FOR DISABILITY PENSION—R.A.F. OFFICER

THIS FORM is to be used only if you claim to be suffering from disability attributable to or aggravated by WAR SERVICE. You must 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 Air Ministry (P.A. 11), Admiralty House, Hingway, W.C.1.

If there is insufficient space on the form further explanation of circumstances will have to be given on a plain sheet of paper which you must attach and attach firmly to the form.

Any pension granted on this application will commence on the day following receipt of notice pay.

After six months from the cessation of service pay, anything to pension must be made on additional form to be obtained from the nearest office of the AIR FORCE OF THE ROYAL AIR FORCE, the address of which can be obtained at the Local Post Office.

1. Name  
(a) Surname  
(b) Christian Mission
2. Rank
3. Date of Release
4. Unit Group

5. Have you served in the Armed Forces before the present War and been discharged?

["Yes" or "No"]

If "Yes" give particulars below:

Former Regt., Corps or ship, etc.	Grade or Official Position	Date of Discharge	Particulars of Cause of Discharge (in full for discharge certificate)
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6. Give particulars of your wife and children, now under 16 years of age for whom you received family allowances at any time during service:—

(a) Wife—Full Christian Name

and dates before marriage

(b) Wife's present address

(c) Date of marriage

(d) CHILDREN  
Full Christian Names (and Surnames where different from your own) and dates of birth.

1. Date of Birth

2. Date of Birth

3. Date of Birth

4. Date of Birth

5. Date of Birth

6. Date of Birth

7. Date of Birth

8. Date of Birth

9. Date of Birth

10. Date of Birth

11. Date of Birth

12. Date of Birth

13. Date of Birth

14. Date of Birth

15. Date of Birth

16. Date of Birth

17. Date of Birth

18. Date of Birth

19. Date of Birth

20. Date of Birth

Date of Birth 20.5.24 Sex MALE  
 Initials MS Surname STAVES  
 Rank F/O Number 203137  
 Part II to be completed in Unit  
 Form Med. 50A

Turn over for information about hospital treatment.  
 Do not detach the form from the book. The doctor will do this.  
 local Post Office.  
 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  
 this book to your previous insurance doctor (or, if absent, his deputy). If you did not  
 If you fall ill before the medical card comes, fill in the application below and hand  
 doctor before you joined up you will be restored to his list  
 If he is still in practice himself or by deputy.  
 If you go back to live in your old district and had an insurance  
 doctor before you joined up you will be restored to his list  
 or if your condition requires it, at your home, and free medicine.  
 possible. Medical benefit includes free treatment from an insurance doctor at his surgery.  
 a medical card telling you how to get treatment will be sent to you as soon as  
 You are entitled to medical benefit under the National Health Insurance Acts and

## MEDICAL TREATMENT AFTER LEAVING

### DISPERSAL CENTRE

Part I—Instructions to Released Person.

Part III to be completed at Dispersal Centre for treatment officers.

Part II to be completed in Unit for all officers whether treated or not.

R.A.F. Form 559 (12)

## 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
10. What is the disability for which you claim pension? If a wound or injury state when and where received and part of body injured.	
11. Give the names of the hospitals or other places at which you received treatment during service for the disability and the dates as nearly as you can.	
12. 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 opposite page.	
QUESTION	ANSWER
13. (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)
14. State what particular incidents or conditions of service you consider caused or worsened the disability.	
15. (a) In which unit were you then serving? (b) Where were you stationed? (c) What was the precise nature of your duties at the time?	(a) (b) (c)
16. If you suffered from the disability before joining the Forces, give the name and address of any doctor, hospital, etc., from which you received treatment. Give approximate dates.	
17. Have you been treated for the above or any other complaint since Released? If so, state nature of complaint and name and address of doctor or hospital with first and last dates of attendance.	

Any person knowingly making a false statement will be liable to prosecution.

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) .....

8. Give particulars of your wife and children now under 18 years of age for whom you received family allowances at any time during service :—

(a) Wife—full Christian Names .....  
and name before marriage .....

(b) Wife's present address .....

(c) Date of marriage .....

(d) CHILDREN ..... 1. ....  
Full Christian Names (and Surname where different from your own) and Date of Birth .....  
dates of birth. ....  
2. ....  
Date of Birth .....  
3. ....  
Date of Birth .....  
Name/s .....  
Date/s of Birth .....

9. Give particulars of any child born after release.

R.A.P. Form 2520/134

Part II to be completed in Unit for all officers whether injured or not.

Part III to be completed at Dispersal Centre for injured officers.

Part I—Instructions to Released Person.

### MEDICAL TREATMENT AFTER LEAVING DISPERSAL CENTRE.

You are entitled to medical benefit under the National Health Insurance Acts and a medical card telling you how to get treatment will be sent to you as soon as possible. Medical benefit includes free treatment from an insurance doctor at his surgery, or if your condition requires it, at your home, and free medicine.

If you go back to live in your old district and had an insurance doctor before you joined up you will be restored to his list if he is still in practice himself or by deputy.

If you fall ill before the medical card comes, fill in the application below and hand this book 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.  
Turn over for information about hospital treatment.

Form Med. 50A

Part II to be completed in Unit

Rank F/O Number 203137  
Initials ME Surname STAVES  
(BLOCK LETTERS)  
Date of Birth 20.5.24 Sex MALE

Part III to be completed at Dispersal Centre.

(Dispersal Centre Date Stamp)

The above-named person departed from the Dispersal Centre on

Part IV—Available for three months from date of leaving Dispersal Centre.

To be completed by released person if he is needing medical treatment before a medical card is received.

I have NOT received a medical card since leaving the Dispersal Centre and I hereby apply for a medical card to be issued to me.

Delete as may be necessary { I was on the list of Dr. .... immediately before  
I was mobilised 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 .....  
(Insert name of doctor or approved institution)

My present address is .....

Do you intend to leave this district within three months from the date hereof?

If so, when? .....

Name of Approved Society\* (if any) .....  
(If a deposit contributor write "D.C.")

Name of Branch (if any) of Society .....

(Signature of Released Person)

Membership number ..... Date .....

\* If you were a member of an Approved Society before you were mobilised or called up for service, or if you joined an Approved Society during service your membership is still effective.

P.T.O.

# **CONDITIONS OF RELEASE AND NOTES ON PARMENT OF ALLOMANAGED AND RELEASE BENEFITS**

**Officers of the S.A.F.O. and S.A.F.N.A.**—You are hereby released from Air Force duty under the regulations affecting the service in which you are commissioned.

**Officers of the S.A.F.**—You are hereby released from the regulations in which you are subject by reason of enlistment at last part of the Force of which you are a member, under the provisions of the Armed Forces (Conditions of Service) Act, 1936.

**All Officers released.**—Your release is subject to and on the following conditions:—

(1) Your enlistment is not terminated by this release from duty. You remain liable to recall to duty and if your enlistment is relinquished or otherwise terminated. Ordinarily, a notification in regard to relinquishment will be issued at the end of the Emergency.

Your pay and allowances cease on your last day of service (i.e. your effective date of release and on time after that date will count for promotion or non-effective reward or other service benefits so long as you are on release.

(2) Until your enlistment is relinquished or terminated:—

(a) You must notify Air Ministry (S.A.R.), Admiralty House, Kingsway, London, W.C.2, of any change in your address. This is required both for service reasons and to enable any communication in regard to future payments or awards or decisions to reach you. (See also para 7).

(b) If you become medically unfit through any injury, illness or disability which renders you unfit for further service you should also notify Air Ministry (S.A.R.).

(c) You may not enlist in or enter any other branch of H.M. Forces or the service of any other country or depart from the U.K. without permission from the Air Ministry. If you desire to do so, write to Air Ministry (S.A.R.), Admiralty House, Kingsway, for consent.

(d) You should preserve your uniform in good condition in case of recall to duty.

(e) Uniform is not to be worn after the expiration of any leave granted you on release except on specially authorized occasions or on occasions of State Ceremony.

(f) You are not entitled to service travel rate concessions for yourself or any member of your family after the expiration of any leave granted to you on release. If no leave is granted, the entitlement ceases on the day you departed from the Disposal Centre.

For F—Regiment (Parment) during Release Leave.

If you were hospitalised (S.A.R.) before the end of your leave you should show this back to your doctor and let him send you to the hospital. This must be done by the end of the leave. You should show the Release Note to the hospital authorities when admitted to an attending hospital for treatment.

For the Information of the doctor:

Inpatient treatment might normally be given at the nearest service or civil hospital. Medical Officers hospitalised during the Emergency period may be placed in a hospital in the location of the nearest suitable hospital. The hospital officer for the district in which the patient is treated. (For even the hospital information and he will also be in a position to advise as to the nearest military or S.A.R. hospital where any necessary X-ray examination or other out-patient treatment may be obtained.

First Aid is to be supplied by Doctor providing treatment also should also check the form and send it to the Personnel Committee for Release Form to the Ministry of Labour, Department, Report for the area in which the released person is staying.

\* The person named on the card who was sent on my last immediately before arriving in S.A.R. Release is accepted as being valid in a temporary (permanent) nature.

\* The person named on the card who was sent on my last immediately before arriving in S.A.R. Release has under applied to me for treatment.

Date

\* Indicate where not applicable.

Signature

(If doctor is in supply depot he should enter D.S. here)

(If doctor is in supply depot he should enter address here)

...the ... ..

What and also, before the Diurnal Centre and 1 hour

(iii) Any payments to which you may be entitled in respect of your service for War Gratuity and Post War Credits will be made in the form of a deposit in the Post Office Savings Bank on the 31st day after you left the Disposal Centre. A Post Office Savings Bank Book will then be forwarded to you by the Head Office of the Post Office Savings Bank.

(5) You have been released in advance of ordinary turn at the request of the Ministry of Labour and National Service, in order to perform work of national importance in the construction of the new Government of India. You are to report to the Employment Exchange or employer as shown below within seven days from the date of your departure from the Disposal Centre. You will ordinarily be required to commence work on the expiration of your leave, but may commence earlier if you desire. You will be directed into the employment for which you have been released.

(18) **Adv payments to which you may be entitled in respect of your service overseas or for War Gratuity and Post War Credits will be made in the form of a deposit in the Post Office Savings Bank at the end of the Emergency. A Post Office Savings Bank Book will then be forwarded to you by the Head Office of the Post Office Savings Bank**

(ix) If at any time prior to the date on which the Emergency is declared ended by Order in Council you cease to perform the work for which you have been released, save for reasons of ill health, your release will be revoked and you will be recalled to duty.

(iii) Any payments to which you may be entitled in respect of your service for War Gratuity and Post War Credits will be made in the form of a deposit in the Post Office Savings Bank on the 25th day after you left the Dispersal Centre. A Post Office Savings Bank Book will then be forwarded to you by the Head Office of the Post Office Savings Bank.

Applicable to Class A or C releases only.

\* If you wish the Post Office Savings Bank Book to be sent to an address other than that which you gave on release for this purpose, you must advise the Accountant Officer at the Disposal Centre where you were released." Your letter should be in the following form:—

Number..... Initials..... Surname.....  
(in block letters)  
Class of Release (A or C) A Date of leaving.....  
Disposal Centre 40 2 5 9

I desire to inform you that I have changed my address from that given on release and I now desire my War Gratuity (and Post War Credits if applicable), to be sent to me at the following address:

(PLAIN LETTERS)

Nearest Post Office (if known)

<b>Tema</b>	<b>Sintetiza</b>
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If you fail to notify any change of address and loss or misappropriation is caused thereby, the Air Ministry will not be liable for such loss or misappropriation.





The above-named person departed on the 14th of February 1944 for the Medical Disposal Centre.  
Part 2 P—Available for three months from date of departure of person concerned.  
To be completed by relevant person (R.A.F. or other) and returned to the Medical Disposal Centre and retained.

R.A.F. Form 2530/120

To be completed for all officers.

## CLEARANCE CERTIFICATE

To be completed at Unit except where marked\*\*

Rank E/O Number 203/37  
Initials M.E. Surname STAVES  
(where necessary)

I hereby certify that the above-named officer has been cleared of all known charges in respect of delinquencies of public clothing and equipment, articles on equipment loan, or charge except for £ — s — d \*\* which has been reported to Air Ministry, Accounts 2(a).



BOC Digital Archive

M. Staves  
Signature of Officer

The above-named person departed from the Dispersal Centre on.....

**Part IV—Available for three months from date of leaving Dispersal Centre.**  
*To be completed by released person or M.Y. needing medical treatment before a medical card is received.*

I hereby leave the Dispersal Centre and I hereby

Anyone finding this book is  
requested to hand it in to the  
nearest Police Station or for-  
ward in an UNSTAMPED  
envelope to:—

UNDER SECRETARY OF STATE FOR AIR,  
Air Ministry O.A.R.

Adastral House,  
Kingsway, LONDON, W.C.2.