

R.A.F. FORM 2520C

OFFICER



ROYAL AIR FORCE  
SERVICE AND RELEASE BOOK

Rank F/LT.

Personal Number 170023.

Surname BAKER

Initials W. B

Class of Release A.

Age and Service Group No. 34

## 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.) Admiralty House, Kingway, London, W.C.2.

Your notification should be in the following form:—

Christian Names }  
(in full) }

Surname }  
(in full) }

Rank } Personal Number }

Branch in which commissioned

Type of Commission

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

Address

Address

Date Signature

R.A.F. Form 1528/122

## CONDITIONS OF RELEASE AND NOTES ON PAYMENT OF ALLOWANCES AND RELEASE BENEFITS

1. **Officers of the R.A.F.O. and R.A.F.V.R.**—You are hereby released from Air Force duty under the regulations affecting the Reserve in which you are commissioned.

2. **Officers of the A.A.F.**—You are hereby released from the obligations to which you are subject by reason of embodiment of that part of the Force of which you are a member, under the provisions of the Armed Forces (Conditions of Service) Act, 1938.

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

- (i) Your commission is not terminated by this release from duty. You remain liable to recall to duty until your commission is relinquished or otherwise terminated. Ordinarily, a communication in regard to relinquishment will be issued at the end of the Emergency.
- (ii) Your pay and allowances cease on your last day of service i.e. your effective date of release and no time after that date will count for promotion or non-effective award or other Service benefits so long as you are on release.
- (iii) Until your commission is relinquished or terminated—
  - (a) You must notify Air Ministry (O.A.R.), Admiralty House, Kingway, 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 medals or decorations 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 (O.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 (O.A.R.) Admiralty House, Kingway, 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.
- (iv) You are not entitled to service travel rate concessions for yourself or any members of your family after the expiration of any leave granted to you on release. If no leave be granted, the entitlement ceases on the day you departed from the Dispersal Centre.

4. **Class A Release—(Age and Service).** (i) Any reinstatement rights that you may have under the Reinstatement in Civil Employment Act, 1944, arise immediately on your departure from the Dispersal Centre.

(ii) Payment of allowances due to you up to the day of your leaving your unit for release will be paid by your existing accounting unit. Payment of allowances from that date up to the effective date of your release will be paid monthly by the Dispersal Centre into your Banking Account.

(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 67th 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.

5. **Class B Releases—(National Reconstruction).**

(i) You have been released in advance of ordinary term at the request of the Ministry of Labour and National Service, in order to perform work of national reconstruction. You are to report to the Employment Exchange or employer as shown below within seven days from the date of your departure from the Dispersal 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.

(ii) Payment of allowances due to you up to the day of your leaving your unit for release will be paid by your existing accounting unit. Payment of allowances from that date up to the effective date of your release will be paid by the Dispersal Centre into your Banking Account.

(iii) Any 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.

(iv) 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.

6. **Class C Releases (Compassionate).**

(i) You have been released in advance of ordinary term on extreme compassionate grounds. Any reinstatement rights that you may have under the Reinstatement in Civil Employment Act, 1944, arise immediately on your departure from the Dispersal Centre.

(ii) Payment of allowances due to you up to the day of your leaving your unit for release will be paid by your existing accounting unit. Payment of allowances from that date up to the effective date of your release will be paid by the Dispersal Centre into your Banking Account.

(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 67th 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.

7. **Amendment of Address given for Payment of War Gratuity (and Post War Credits, if entitled).**

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 Dispersal Centre where you were released." Your letter should be in the following form:—

Number..... Initials..... Surname.....  
(OR NAME LETTERS)  
Date of leaving.....  
Class of Release (A or C)..... Dispersal Centre.....

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:

.....  
(BLOCK LETTERS)  
Nearest Post Office (if known).....  
Date..... Signature.....

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.

### 8. Queries on Emoluments.

(i) Any queries on your allowances, or your War Gratuity entitlement, or your Post War Credit arising after you have left the Disposal Centre are to be addressed to the Accountant Officer of the Disposal Centre and you are to quote the following particulars:—

(a) Your Class of release (A, B or C.)

(b) The date stamped on the Clearance Certificate in this book.

(ii) Any queries arising from your pay are to be addressed to the appropriate Air Force Agent.

(iii) The final balance of pay received by you does not preclude any adjustment of Income Tax liability which the department of Inland Revenue may require to make subsequent to release.

### 9. AUTHORISATION OF RELEASE.

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

Rank E/LT Number 170023

Initials W. B. Surname BAKER

(BLOCK LETTERS)

To be completed  
at the Disposal  
Centre.

Release of the above named officer is hereby  
authorised as a Class A Release.  
The effective date of release (i.e. last day of  
service is 10.7.46 \*\*

Instructions to Class B release to report for employment.

You have been released to take up employment

as a

Industry Group Letter Occupational Classification  
Number

Delete  
one of  
these

and are to report within seven days from this date to  
the following exchange

with Messrs.

of to whom you are to report  
within seven days from this date.

You will ordinarily be required to commence work on the expiration  
of your leave, but you may if you so desire commence at an earlier date.

Date 10.7.46 \*\*

O.C. Personnel Department, Disposal Centre.

R.A.F. Form 1530/125

## REMOBILISATION INSTRUCTIONS

(RECALL TO DUTY).

1. As stated in the Conditions of Release you remain liable to recall to duty until your commission is relinquished or otherwise terminated.

2. Such recall may be issued in the form of individual instructions in which case you will be given full instructions as to where and when you are to report.

3. If a public general notice or proclamation is issued revoking releases and recalling officers to duty you should immediately prepare yourself to return to duty and watch the press or public notice boards for further instructions as to when you are to report.

4. If remobilisation or return to duty is ordered by general notice, or by proclamation revoking releases, a list of R.A.F. Remobilisation Stations will be published in the press and by public notice, showing the particular stations under code letters.

Your code letter is A and on the publication or proclamation of instructions which apply to you, you should report to the station to which this code letter applies.

5. You should report at your Remobilisation Station as shown above, in uniform.

6. You should also bring with you:—

- (i) this book.
- (ii) your National Health and Pensions Insurance Contribution Card.
- (iii) your Unemployment Insurance Book.
- (iv) your Civilian Identity Card.
- (v) your Service Identity Disc.

If you cannot get these at once (do not delay but arrange for them to be sent on after you. If you are sick when due to report you must immediately inform the Officer Commanding the station at which you are to report, enclosing a medical certificate. You should report immediately you are fit for duty.

To be completed for all officers.

## CLEARANCE CERTIFICATE

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

Rank P/LT Number 170023Initials W. B. Surname BAKER  
(BLOCK LETTERS)

I hereby certify that the above-named officer has been cleared of all known charges in respect of deficiencies 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).



## WARNING

You are reminded that the unauthorised 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.) Admiralty House, Kingsway, London, W.C.2.

To be Discharged

from

Hospital to

Official No.

Rank

Name and Initials

**CONFIDENTIAL**

## SICK REPORT

R.A.F. Form 428

Unit \_\_\_\_\_

## MEDICAL INSPECTION REPORT

Station 626 G. John by

Date \_\_\_\_\_ 19 \_\_\_\_

Official No.	Rank	Name Initials	Whether a delinquent or if for duty†	Grade	Medical Officer's Remarks	Disposal
023	P	R.	30/11	Jan	Attacked by fighter. Miss burst blow to the chest (mid upper) and a fracture of the femur. In the anterior perforation of the lower chest at the bottom by sulphur and powder. Wound quickly healed. The anterior perforation of the upper chest has remained dry. No escape of air or hemorrhage. He is going as usual. To be kept under observation by doctor with the report to be sent to the Specialist if any change appears.	(R)
<u>End of Report</u>						

\* Entries not handwritten in red ink.

† State nature of duty for which. In the case of men for medical inspection, the words, such as "joining the station," etc., should be entered.

Orderly N.C.O.'s Sign.

Medical Officer's Signature

Signed \_\_\_\_\_

W. L. S. P.  
W. L. S. P.  
W. L. S. P.

To be completed for all officers.

## CLEARANCE

To be completed at Unit except when

Rank F/LT Number

Initials W/3 Surname

I hereby certify that the above  
cleared of all known charges in respect  
clothing and equipment, articles on  
except for £.....  
reported to Air Ministry, Accounts 24



R.A.F. FORM 2520/123  
M.P.B. 281

## 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 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 Air Ministry (O.A.R.), Adastral House, Kingsway W.C.2.

If there is insufficient space on the form further explanations or answers can be written on a plain sheet of paper which you must SIGN and attach firmly to the form.

Any pension granted on this application will commence on the day following cessation of service pay.

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.....
2. Personal No.....
3. Christian Name/s.....
4. Rank.....
5. Unit/Group.....
6. Date of Release.....

7. 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.	Army or Official Number	Date of Discharge	Cause of Discharge	Particulars of Pension (if any) for disablement or service

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.....

Full Christian Names (and Surname where different from your own) and dates of birth.

1. ....  
Date of Birth.....

2. ....  
Date of Birth.....

3. ....  
Date of Birth.....

9. Give particulars of any child born after release.

Name/s

Date/s of Birth.....

supply drugs he  
should enter DR.  
here).....

mileage he should  
enter mileage  
distance here).....

## 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) .....



16. If you suffered from the disability before joining the Forces, give the	
(c) What was the precise nature of your duties at the time?	(c)
(b) Where were you stationed?	(b)
(a) In which unit were you then serving?	(a)
14. State what particular incidents or conditions of service you consider caused or worsened the disability.	
(b) If before your war service when did you first notice the effects of war service on it?	(b)
(a) When did you first suffer from the disability?	(a)
13. (a) When did you first suffer from the disability?	(a)
(b) If before your war service when did you first notice the effects of war service on it?	(b)
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.	
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.	

QUESTION

ANSWER

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.

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?

14. State what particular incidents or conditions of service you consider caused or worsened the disability.

(c) What was the precise nature of your duties at the time?

(b) Where were you stationed?

(a) In which unit were you then serving?

16. If you suffered from the disability before joining the Forces, give the

## 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.

R.A.F. Form 2520/124

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

Part III to be completed at Dispersal Centre for insured 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 E/LT Number 170023  
Initials W. B. Surname BAKER  
(BLOCK LETTERS)  
Date of Birth 19.1.13 Sex MALE

Part III to be completed at Dispersal Centre.

(Dispersal Centre Date Stamp).

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

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

To be completed by released person ONLY if 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.

Specimen Signature of Officer.

*Part V.—Hospital Treatment during Release Leave.*

If you need hospital treatment before the end of your leave you should show this book to your doctor and if he is of opinion that such treatment is necessary he will advise you as to the steps to be taken to obtain that treatment. You should show this Release Book to the hospital authorities when admitted to or attending hospital for treatment.

**For the information of the doctor.**

In-patient treatment would normally be given at the nearest service or civil Emergency Medical Scheme hospital where the treatment required can be given. If you are in doubt as to the location of the nearest suitable hospital the Hospital Officer for the district in which the patient resides can give you the required information and he will also be in a position to advise as to the nearest military or E.M.S. hospital where any massage, X-ray examination or other out-patient treatment can be obtained.

*Part VI to be completed by Doctor providing treatment who should also detach the form and send it to the Insurance Committee (in Northern Ireland to the Ministry of Labour, Stormont, Belfast), for the area in which the insured person is staying.*

- \* The person named overleaf who was not on my list immediately before serving in H.M. Forces is accepted as from today as a temporary\*/permanent\* resident.
- \* The person named overleaf who states that he was on my list immediately before serving in H.M. Forces has to-day applied to me for treatment

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

\* Delete where not applicable.

(If doctor is to supply drugs he should enter DR. here).....

(If doctor claims mileage he should enter mileage distance here).....

Date.....

\* Delete where not applicable.

Signature.....

If doctor is to

If doctor claims

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.

51-9915.