

ARMY BOOK X 802

Surname Gordon

Initials J

Army No. 4295307

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

CLASS "A"

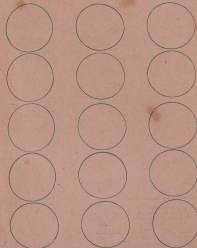
Any person finding this Book is requested to hand it in to any Barracks, Post Office, or Police Station, for transmission to the Under Secretary of State, The War Office, London, S.W.1.

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) cashed

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



PAGE ONE (A)

ON HIS MAJESTY'S SERVICE

NO STAMP
REQUIRED

Postage
Prepaid 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)
at
Address

Immediately
Send
which
Inapp
List Incomple

the sum of £2 10s. 0d. (two pounds ten shillings) in exchange for my
passport which is retained herewith.

Signature of Auxiliary.....

Date

Military Dep.
Unit Stamp

16 MAY 1947

10T

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

A.F. X 102
(A.T.S.)
(V.A.D.)

NOTIFICATION OF CHANGE OF ADDRESS

Name S. Gordon
Army No. W.P. 40367
Present Rank Plt
Coy. and Group/Unit 'G' Coy South Wk BTRG
Date 16.5.47

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

Signature

PAGE NINE EN

RELEASE—GREATCOAT VOUCHER

Instructions to auxiliary.

If you are returning your greatcoat to any railway station or to a unit notified to you at the Military Disposal Unit, this page (which will history or collected by the Railway Company or a Unit) must be presented intact. This is the book with your greatcoat before the expiration of your Release Pass' transit as shown on A.F. X 222D. 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.

* D.C.
(Unit)

at
Address)

the sum of £1 10s. 6d. (one pound ten shillings) in exchange for my greatcoat which is returned herewith.

Signature of Auxiliary

Date

Military Disposal Unit Stamp

16 MAY 1947

Note.—This arrangement is not applicable at London Passenger Transport Road Stations

PART I

INSTRUCTIONS TO RELEASED PERSONS

MEDICAL TREATMENT AFTER LEAVING MILITARY DEPENDENT 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 condition requires it, at your home, and his medicine).

If you go back to the 16 year old district and had no insurance doctor before you joined up you will be named in the 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.

PART II.—In an emergency at Home

Form Med. 101A

Military Dependent
Medical Card

Name Ed Number 12121212
 District I Insurance (Block Letters) ABCDEF
 Date of Book 12-12-12 Sex F If a married woman, state husband's name.



The above named individual left this Military Dependent Unit on the date shown in the stamp opposite.

PART III

Available for three months from date of leaving Military Dependent Unit.

To be completed by released person NEXT of seeking medical treatment before a medical card is received.

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

Tell us if necessary (I was on the list of _____ 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 _____
 My present address is _____ (Don't name of doctor or approved institution).)

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 under "N.I.")
 Name of Branch (if any) of Society _____
 Membership number _____

(Signature of released individual.)

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. (Previous address)

HOSPITAL TREATMENT DURING PERIOD*

If you need hospital treatment before the end of your release 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

Inpatient treatment would normally be given at the nearest military 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 Officers 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 necessary X-ray examination or other out-patient treatment can be obtained.

Dental Treatment. If you need dental treatment of an emergency nature, viz. the relief of pain or acute infection, during your leave, you should report to the nearest Army Dental Centre or military hospital. If you have never been notified from any such institution you may obtain such treatment from a civilian dentist, practitioners to whom you will show this Book and a basic statement will be drawn out for you. The cost of any other form of treatment or of supply of dentures will NOT be met by W.H. unless your condition has been given by the Director or the Deputy Director of Dental Services of the Command in which you live.

For the information of Practitioner. A soldier or member (other than an officer) of the A.F.S. or of a F.A.S. may be given treatment of an emergency nature or where of great expense up to the end of his leave. Cost of treatment given afterwards cannot be met by W.H. but will be the patient's liability.

The practitioner should claim the payment on Army Form 16, 1947 which should be sent to the Area Director of Medical Services of the area in which the patient is living. Payment will be made for emergency treatment only, and at the rates subsisting under the N.H. Act, 1946 (General Health Regulations).

PART IV

To be completed by Doctor providing treatment who should also return this form and send it to the Insurance Director for Soldiers (Inland) in the Ministry of Labour, Health Services, Armaments, Munitions (Inland) and the Area in which the medical service is provided.

*The individual named provided who was not on my list immediately before serving in H.M. Forces is accepted as from to-day as a temporary "permanent" resident.

*The individual named provided who states that he was on my list immediately before serving in H.M. Forces has to-day applied to me for treatment.

* Delete where not applicable.

Date _____ Signature _____

If doctor is to supply drugs he should enter F.S. form _____	If doctor states military he should enter military Release form _____
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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 16 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

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

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

Witness to Signature..... Date

Address of Witness.....

Second Signature of Applicant.....
(For record purposes)

When you have finished with this form, please
return it to the Clerk, who should give you another
at the end of the year and also the Member of the
Office to whom it refers.

FORM 1000 (1955)

ON HIS MAJESTY'S SERVICE

*Officer (in A.T.S. Records,
Winchester,

or

*Officer (in R.A.M.C. and
A.D. Corps Records,
Haverhill)

*Please see enclosure to complete.

FORM 1000 (1955)

Have you signed and dated your return?

FORM 1000 (1955)

FORM 1000 (1955)

FORM 1000 (1955)

RELEASE LEAVE CERTIFICATE

AF FORM 1

Army No. 4797247 Personal Rank Pl
 Name (Last, First, Middle) Woolley
 Christian Name Woolley
 Reg. and Comp. No. 5000000 Board Medical Class MS
 Date of Last Appointment 7 July 48 (M/S) *Calling up for military service
 (Date of discharge if applicable is supplied)
 (a) Trade or profession Pharmacist Pharm (b) Service Trade THE BANK MESS MS
 (c) Trade courses and trade tests passed None this yr. (d) Any other qualifications for civilian employment

EX JUL 1947

Military Qualifications:
None
 Remarks:
Not to be employed as a Lighter with military Headquarters. She has a good background of experience and is a professional Lighter. She was in charge of the plant at that time.
 Date Woolley Time 10:20
 Signature of Officer [Signature]
 Signature of Auxiliary Member [Signature]



* Army Education Board (including participating under 1st, 2d, 3d and 4th Indent):
 - The board will act in this regard and report to the other branches.
 (a) Type of course (b) Length (c) Total hours of instruction (d) Record of achievement
 (1) (2) (3) (4)
 * Examinations will issue the letter "E" here to indicate that in each case the record refers to courses in which they have acted as Examiners.
 Signature of This Education Officer

NOTES:
 (1) Further details of service and of medals to which entitled may be had on application to G. D. Bennett, undersigned by the applicant's A.M. Form 1.
 (2) If this certificate is lost or stolen, no duplicate can be obtained.

THE APPLICANT'S FINGERPRINTS ON RELEASE LEAVE ON THE LEFT HAND IN THE MILITARY PERSONNEL UNIT STAMP OPPOSITE
 2.2.—A certificate (A.P. 2.2.10) showing the date of transfer to the Unemployed List in the case of A.T.S. candidates, and the termination of release leave in the case of P.A.S. candidates, will be issued by the Officer in Charge of the Unit. All personnel released are liable to recall if necessary during the continuing period of the emergency.

Address A.F.S. Benevolent Society
81 Galton St. West. London

S-1/1/4
 1966
 1-17-44

