

61772

R.A.F. Form 2520B
AIRWOMAN



ROYAL AIR FORCE
SERVICE AND RELEASE BOOK

Rank *ACW/2 (CPL C80)*

Service Number *2049456*

Name *THORNHILL*

Initials *CE*

Class of Release *A*

Home and Service Group No. *M38*

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NOTIFICATION OF CHANGE OF ADDRESS FOR FINAL PAYMENT OF PAY AND RELEASE BENEFITS

Note to Airwoman

Final payment will be made to the address which you gave at the time of your release. If, however, you change this address before you receive final payment, you should complete this card and send it to the Dispersal Centre from which you were released, about one week before the date indicated in the Notes on Pay and Emoluments for which see Form 2520/24W.

Airwoman's No. 2049455 Surname THERNALL

| | |
|--|--------------------|
| Date as shown on Form 2520/24W ACCOUNTANT OFF 23 AUG 1941 | Initials <u>CE</u> |
| Class of Release <u>A</u> | |

I desire to inform you that I have changed my address from that given on my release, and I now request that all further payments to be made to me be sent to the following address:—

Signature of airwoman

Nearest Post Office
(if known)

Date _____

CONDITIONS OF RELEASE AND AUTHORISATION

Under the provisions of the Defence (Women's Forces) Regulations, 1941, YOU ARE HEREBY RELEASED FROM AIR FORCE SERVICE.

This release is subject to and on the following conditions:—

1. You have not by this release been discharged from the Service. You remain liable to recall to Air Force Service until the Emergency is declared ended by Order in Council, when you will be discharged unless you are on an engagement extending beyond that date.
2. If you are recalled by Special Notice full instructions will be given you as to where and when you are to report. If any general notice or proclamation is issued revoking releases, you must immediately follow the Remobilisation Instructions in this Book.
3. You must notify Air Officer (c Records (K Division), Gloucester, of any change in your permanent address both for Service reasons and to ensure that any communications in regard to any medals reach you.
4. If you become medically unfit through any sickness, injury or other disability which renders you unfit for further service and which is not temporary only, you must write to the Air Officer (c Records (K Division), Gloucester, enclosing a medical certificate.
5. Until final discharge you may not enter or enlist in 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 Officer (c Records. If you desire to do so, write to him for his consent.

CONDITIONS OF RELEASE AND AUTHORISATION

(continued)

6. After the effective date of your release (i.e. at the expiration of any leave granted or if no leave is granted the day of departure from the Dispersal Centre) you may not wear uniform except on any specially authorised occasions, unless you are recalled for service.

7. You should preserve the uniform which you retain on your release in good condition in case of recall.

8. If you handed any Medals to your Commanding Officer for safe keeping apply to Air Officer (c) Records (C.I.M. Section), Gloucester, for their return, giving full particulars.

9. Your pay and allowances cease on the effective date of your release unless the release is revoked and you are recalled to service. No reserve pay is issuable in respect of the liability to recall referred to in para. 2 (above) attaching to your release.

10. The following conditions apply to Class A (Age and Service) releases only.

Any reinstatement rights you may have under the Reinstatement in Civil Employment Act, 1944, arise on the commencement of your leave.

11. The following conditions apply to Class B (National Reconstruction) releases only.

You have been released at the request of the Ministry of Labour and National Service. You will be directed by that Ministry to your reconstruction employment for the purposes to which you have been released. Instructions setting out the Employment Exchange or Employer to which and the date by which you are to report are set out below. You must comply with these instructions. If at any time you discontinue such employment, save for reasons of ill-health your release will be revoked and you will be recalled to Service.

CONDITIONS OF RELEASE AND AUTHORISATION

(continued)

12. The following conditions apply to Class C releases only.

You have been released on extreme compassionate grounds. Any reinstatement rights you may have under the Reinstatement in Civil Employment Act, 1944, arise on departure from the Dispersal Centre.

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RELEASE AUTHORISATION

PART I

To be completed in Unit except when marked **.

Rank (Sgt. 80) Number 2049458

Initials C.F. Surname THORNHILL

To be completed
at the Dispersal
Centre

Release of the above-named airwoman is
hereby authorised as a Class A release.

The effective date of release (i.e. last day of
service) is 18/10/95 **

It is hereby certified that the above airwoman served in the
W.A.A.F. on whole-time service during the following periods:

From

To

11.9.41

23.1.45

23/8/95

(Date of departure from
Dispersal Centre)

She is granted 56 days' leave on release commencing the
day following the date of departure from the Dispersal Centre.

RELEASE AUTHORISATION

(continued)

PART II

Instructions to Class B releases to report for Employment

You have been released to take up employment

as a _____

(M. of L. code number _____)

and are to report within seven days from your
departure from this Dispersal Centre to the following
Employment Exchange

Delete

one

of

these

with Messrs. _____

of _____ to
whom you are to report within seven days from
your departure from this Dispersal Centre.

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

PART III

Date 23/8/95

Dispersal Centre Stamp.

M. J. P. B. S.
for A.O. No. Records

P. 10

NOTES ON PAY AND EMOLUMENTS**1. FOR CLASS A RELEASE**

You will have received at the Dispersal Centre a payment in cash and Postal Drafts on account of your leave pay and allowances. Postal Drafts for the final balance of your pay account and sums due to you for War Gratuity, Post War Credit and overseas leave will be forwarded by the Senior Accountant Officer of the Dispersal Centre on or about the 42nd day after your departure from the Dispersal Centre. Amounts due in respect of War Gratuity and Post-War Credits will be payable into a Post Office Savings Bank Account.

2. FOR CLASS B RELEASE

You will have received at the Dispersal Centre a payment in cash on account of your leave pay and allowances. The balance of pay and allowances will be forwarded to you by the Senior Accountant Officer of the Dispersal Centre on or soon after the fourteenth day after your departure from the Centre. If, however, you were sent home from overseas for immediate release, delay in making the final payment will, in some cases, be unavoidable.

Payments due to you in respect of War Gratuity, Post War Credit and overseas leave will be issued to you from the Release Accounts Section, R.A.F. Record Office, Gloucester, at some future date to be notified.

3. FOR CLASS C RELEASE

You will have received at the Dispersal Centre a payment in cash on account of the balance of pay due to you. If, however, you are entitled to overseas leave, the cash advances to be made at

NOTES ON PAY AND EMOLUMENTS

(continued)

the Dispersal Centre will be increased. Postal drafts for the balance of your pay and overseas leave entitlement and for War Gratuity and Post-War Credits will be issued from the Dispersal Centre on, or soon after, the fourteenth day after your departure. If, however, you were sent home from overseas for immediate release, delay in making the final payment will, in some cases, be unavoidable. Amounts due in respect of War Gratuity and Post-War Credit will be payable into a Post Office Savings Bank Account.

FOR ALL RELEASES

- You will have given on release an address at which you desire the final payment of your account made. If you change this address before you receive the final payment of your account and desire the payment made to any other address you should, in order to prevent loss or misappropriation, notify the Senior Accountant Officer of the Dispersal Centre from which you were released. A card (Form 2530/26W) is provided in this book for the purpose.
- Payment will be made to the address given on release unless notification of any change is received before payment; the Air Ministry will not be responsible for any loss or misappropriation resulting from your failure to notify a change of address.
- The balance of pay forwarded to you by the Senior Accountant Officer of the Dispersal Centre does not preclude any adjustment of income tax liability which the Department of Inland Revenue may require to make subsequent to your release.

NOTES ON PAY AND EMOLUMENTS
(continued)

7. The entitlement of dependants and allottees to R.A.F. allowances and allotments ceases at the end of the allowance week (Thursday to Wednesday inclusive) in which leave expires (or if no leave is granted, at the end of the allowance week in which the airman departed from the Dispersal Centre). Instructions will be issued to payees at their last known addresses for them to return the allowances books to the Director of Accounts, Whittington Road, Worcester, after the books have been cashed for that week. *Airmen and Airwomen are required to ensure, irrespective of whether the official notice has been received, that payees return the books at the time stated.*

If the book is improperly cashed with your connivance or owing to your negligence, you may be liable and be prosecuted.

8. Any queries on your final payment, or War Gratuity entitlement or Post War Credit arising after receipt of final payment are to be addressed to the Senior Accountant Officer of the Dispersal Centre at which release was effected quoting the following particulars:—

- (a) Class of release (A, B, or C).
- (b) Date as Stamped below.



REMOBILISATION INSTRUCTIONS

1. Although released you have **NOT BEEN DISCHARGED**.
2. Until you are finally discharged when the Emergency is declared ended by Order in Council you still remain liable to recall to service by public notice or proclamation or by a notice addressed to you personally.
3. If you receive an individual notice you will be sent a travelling warrant with full instructions as to what you are to do and where you are to report.
4. If a public general notice or proclamation is issued revoking release and recalling the W.A.A.F., 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.
5. You should report at your Remobilisation Station as shown below, in Uniform, bringing with you all service clothing and necessities left in your possession when you were released.
6. You should also bring with you (1) this Book containing your certificate of Service (2) your National Health and Pensions Insurance Contribution Card (3) your Unemployment Insurance Book (4) your Civilian Identity Card (5) 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.

REMOBILISATION INSTRUCTIONS
(continued)

7. Do NOT bring any medals or decorations with you unless you are unable to leave them in safe custody.
8. If you have to travel by rail, use the Travelling Warrant in this Book and complete the name of the Railway Station as necessary. If you do not require it, leave it in this Book which must be handed in when you report for duty.
9. If you need money for the journey the money order for 5s. in this Book may be used; present it for payment at any Post Office and produce your Identity Card and you will be paid 5s. which will be adjusted later in your account. (If you do not need the money, hand in the money order on reporting or you will be charged the 5s.)

NOTE: This money order and Warrant can only be used after a Public Notice or Proclamation has been issued; they are not valid till then.

REMOBILISATION STATIONS

10. If remobilisation or return to duty is ordered by general notice, or proclamation revoking releases or recalling W.A.A.F. a list of the remobilisation stations will be published in the press and by public notice, showing the particular stations under code letters. Your code letter is shown below, and you should report to the station to which the code letter applies.

Your remobilisation station code letter is:—

M

To be completed at Dept.
To be retained by Post Office.

ROYAL AIR FORCE

To: H.M. Postmaster General,

Please pay the sum of 5s. on production of her Identity Card to the airwoman mentioned below, if and when by Public Notice or Proclamation the W.A.A.F. has been called out for further Active Service before the present Emergency is declared ended.

Available only on Remobilisation by Public Notice or Proclamation

Surname Thornhill

Christian Name(s) Constance Emma

Service No. 2049485

Signature of Airwoman _____

Stamp of Paying Post Office.



Stamp of Issuing Unit and Date.



CLEARANCE CERTIFICATE

To be completed at Unit except where marked**

Rank (Sewja) (G.P.C.O.) Number 2049485Initials E.E. Surname Thornhill

It is hereby certified that the above-named airwoman has been cleared of all known charges in respect of deficiencies of public clothing and equipment.

Disposal Centre
Date Stamp,

ACCOUNTANT OFFICER

23 AUG 1945

No. 105 P.D.C.

TO BE COMPLETED FOR ALL PERSONNEL

To be signed if and when the Order is cashed. I hereby
acknowledge receipt of the sum of £-

Date _____

CERTIFICATE OF

ROYA

SERVICE PARTICULARS—

Service Number } 2049455 Rank (4112) (4112) (4112) (4112)

W.A.A.F. trade R.T.O.

Overseas Service N/A.

W.A.A.F. Character V.G. (see notes on back of certificate on opposite page)

Proficiency A Sub B S.S.S. (last)

Decorations, Medals, Clasp, Mention in Despatches, Commendations, etc. Nil.

Educational and Vocational Training Courses and Results

DESCRIPTION

Date of Birth 4. 11. 19. Height 5. 2 1/4"

Marks and Scars Nil

Specimen Signature of Airwoman J. S. Hemmell

R.A.F. Form 2520/16W

LEAVING CERTIFICATE—AIRWOMAN INCOME TAX

Note:—Parts I and II of this form are to be completed for all releases. Part III is to be completed by the airwoman and the form sent by her to her Inspector of Taxes.

Notice to Airwoman

If you are taking up civil employment, or intend to seek employment, fill up Part III (on the back) of this form. The particulars are wanted in order that you may be given your proper Income Tax allowances; otherwise too much tax may be deducted from your civil pay.

IT IS IMPORTANT THAT THE FORM SHOULD REACH THE INSPECTOR OF TAXES WITHOUT DELAY. DO NOT WAIT UNTIL YOU HAVE OBTAINED EMPLOYMENT.

Part I.—To be completed at Unit

Rank (Cpl. (Bd) / Bcw/2) Number 2049455
 Initials C.E. Surname THORNHILL

(a) The above airwoman was in receipt of the following daily rates of pay at the date of leaving the Unit for Release as shown by her pay ledger or pay book.

| | s. | d. |
|----------------------------|----|----|
| Consolidated Pay | 4 | 4 |
| G.C.B. Pay | 2 | |
| Qualification and duty pay | | 8 |

Alterations in daily rates of pay since 5th April last and in year previous should, if known, be shown here. If none state "None." If not known insert "Not known."

from 4/4 p.d. to 5/2 p.d. w.e.f. 11.9.44
 from p.d. to p.d. w.e.f.
 from p.d. to p.d. w.e.f.
 from p.d. to p.d. w.e.f.
 from p.d. to p.d. w.e.f.

- * (b) The above airwoman has been remunerated at taxable rates and Form 2520/53W will be forwarded to the Assessor of Income Tax by the Dispersal Centre.
- * Delete this sub-para, if airwoman is not in receipt of taxable rates of pay, i.e. 6/d. or more per day if single, 4/11d. or more per day if married

Signature of Accountant Officer or Officer Commanding. CAO 18.5

Part II**.—To be completed at Dispersal Centre.
 The effective date of release of the above is 18.10.45



[P.T.O.]

WOMEN

If which contains your
state cannot be replaced
state cannot on your part.
Intelligence of Service, but
particulars of your service

that the unauthorised
to any person at any
you to any person have
nation you may have
M. Service which might
renders you liable to
Official Secrets Acts 1911

requested immediately
(upon), Cloucentist.

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 of the H. Service, give the name and address of the nearest service or civil Emergency Medical Scheme hospital to which you should apply for treatment.

CERTIFICATE—AIRWOMAN (contd.)

Part III.—To be completed by the airwoman :

1. (a) Full name
 - (b) Address to which communications
should be sent to you
 - (c) Was this your address before you
joined the Forces ?
 2. On about what date do you expect to start civil employment ?
 3. Name and address of your employer
if now known
 4. Do you or your husband make income tax returns ?
 - If so, state :—
 - (a) Address of tax office to which sent, if known
 - * (b) Tax office reference number, if known
 5. Name and address of your last employer
before joining Forces. (If the same as
Item 3, write "As in 3").
 6. If your husband has been in employment
during the war, give the name and
address of his employer (his last employer
if he is not now in employment).
 - His works number if known
 7. State whether you are single, married or widow
 - Number of children under 16
- * NOTE : If you can give the full reference number as well as the Tax Office, you need not answer questions 5 to 7.

Signature of airwoman

Date

WHERE TO SEND THIS FORM.—If you or your husband have made Income Tax returns, send this form to the Tax Office to which the returns were made. If no return has been made, send the form to the office of any Inspector of Taxes.

CLAIM FOR DISABILITY PENSION (AIRWOMAN)

THIS ATTACHED 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 cease to draw service pay.

When completed this Form should be sent to the Air Officer (A) R.A.F. Record Office, Discretion.

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

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

After 6 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.

R.A.F. Form 2025/197

To be detached only by Booking Clerk and exchanged for Ticket.

ISSUED TO MEMBER OF AN AIRWOMAN ON RE-EMPLOYMENT

(To be completed in this except where marked *)

TRAVEL WARRANT

R.A.F.
3rd Class

Charges payable by Air Ministry (RM)

The Director of the Railway Company or Shipping Company concerned are hereby requested to provide conveyance for one airwoman by the most recognized direct route to _____

RE—The airwoman concerned may only use this warrant to and when public notice or proclamation has been issued calling on the Service.

Airwoman's Name Joseph SAC

Surname THORNTON

Rank C-2



Particulars of Ticket issued, to be filled in by Railway/Shipping Co.

LEAVING CERTIFICATE—AIRWOMAN (Female)

Form 202—To be completed by the airwoman.

1. My full name _____

2. Address to which communications should be sent to me, by this title, your address being, for _____

3. If your husband has been in employment during the war, give the name and address of his employer (the last employer if he is not now in employment) _____

4. State whether you are single, married or widow _____

5. The rank number (if known) _____

6. Number of children under 16 _____

7. Name of address under 16 _____

Specimen Form of Airwoman

* Delete this sub-para. if an allowance is made per day if single, 4/11d. or more per day if married

R. M. Budge
Signature of Accountant Officer or Officer Commanding.

CAO

R.S.

Part II**.—To be completed at Dispersal Centre.

The effective date of release of the above is

18.10.45

Dispersal Centre Stamp



[P.T.O.]

R.A.F. Form 2520/15W
M.P.B. 281

CLAIM FOR DISABILITY PENSION—AIRWOMAN

1. Surname THORNHILL. (Block letters) 2. Service No. 2049455.
3. Christian Names Constance Emma.
4. Rank ACW/2 (Spec. (B.O.))
5. Unit/Group No. 1 R.S. 27 Group.
6. Date of Release 18/10/45.
7. If you are a widow with children now under 16 years of age for whom you received family allowance at any time during your service, give below their full Christian names and dates of birth.

CHILDREN.....

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 |
|--|--------|
| 8. What is the disability for which you claim pension? If a wound or injury, state when and where received and part of body injured. | |
| 9. Give the names of the hospital 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.

Continued Overleaf

WOMEN

the book which contains your details cannot be replaced without the assistance of your particular Service, but particulars of your service

that the unauthorized person to any person at any information you may have M. Service which might renders you liable to Official Secrets Acts 1911

requested immediately (London), Gloucester.

During service, your membership is still effective.

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 Office for the district in which

R.A.F. Form 2520/18W
(continued)

PARTICULARS OF CLAIM—AIRWOMAN

(continued)

| QUESTION | ANSWER |
|--|--------|
| 10. (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? | |
| 11. State what particular incidents or conditions of service you consider caused or worsened the disability. | |
| 12. (a) With what unit were you then serving? | (a) |
| (b) Where were you stationed? | (b) |
| (c) What was the precise nature of your duties at the time? | (c) |
| 13. 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. | |
| 14. 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. | |

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

Signature..... Date

Address to which you desire the result of your claim to be sent

Witness to signature (Any householder)..... Date.....

Address of Witness

Second Signature of applicant.....
(for record purposes)

* Delete this sub-para, if airwoman was in service per day if single, 4/11d. or more per day if married

Signature of Accountant Officer or Officer Commanding. CAD
IR. S

Part II**.—To be completed at Dispersal Centre.

The effective date of release of the above is 18.10.45

Dispersal Centre Stamp
NO 105 P.D.C.
23 AUG 1945

10. (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?

ANSWER

QUESTION

(continued)

PARTICULARS OF CLAIM—AIRWOMAN

(continued)

R.A.F. Form 2530/18W

R.A.F. Form 2530/19W

Part II to be completed at Unit.

Part III to be completed at Dispersal Centre.

PART I

Instructions to Released Person.

MEDICAL TREATMENT AFTER LEAVING DISPERSAL CENTRE

You are now 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 returned 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 at Unit.

Rank (Capt. (P.O.) New) Number 2049435
 Initials C.E. Surname THORNHILL
 (Block letters)
 Date of birth 4. 11. 19. Sex FEMALE. If a married woman, state

PART III to be completed at Dispersal Centre.

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? _____

(Continued overleaf)

FOR ALL AIRWOMEN

Take the utmost care of this book which contains your Certificate of Service. The Certificate cannot be replaced when loss is due to any action or negligence on your part. You should not part with your Certificate of Service, but if you desire to give anyone full particulars of your service make a copy.

WARNING.—You are reminded that the unauthorised communication by you to any person at any time of any information you may have acquired while in H.M. Service which might be useful to an enemy renders you liable to prosecution under Official Secrets Acts 1911 and 1920.

In case of death, next-of-kin are requested immediately to inform A.O. 14 Records (K Division), Gloucester.

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

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

Membership number.....

.....
(Signature of Released Person)

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.

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, Palace Grounds, Armagh, Northern Ireland), 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 to-day as a temporary*/permanent* resident.

* The person named overleaf who states that she 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 |
|---|--|

* Delete this sub-para. if unnecessary
per day if single, 4/11d. or more per day if married

CAD
18.5
Signature of Accountant Officer or Officer Commanding.

Part II**.—To be completed at Dispersal Centre.

The effective date of release of the above is

18.10.45

Dispersal Centre Stamp

* If you were a member of an Approved Society before you were mobilised or called up for service, or if you have been a member of such a Society since you were mobilised or called up for

Date

(Signature of Released Person)

Membership number

Name of Branch (if any) of Society

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

FOR ALL AIRWOMEN

Take the utmost care of this book which contains your Certificate of Service. The Certificate cannot be replaced when loss is due to any action or negligence on your part. You should not part with your Certificate of Service, but if you desire to give anyone full particulars of your service make a copy.

WARNING.—You are reminded that the unauthorised communication by you to any person at any time of any information you may have acquired while in H.M. Service which might be useful to an enemy renders you liable to prosecution under Official Secrets Acts 1911 and 1920.

In case of death, next-of-kin are requested immediately to inform A.O. &c Records (K Division), Gloucester.

**NOTIFICATION OF CHANGE OF
ADDRESS AFTER RELEASE**

Rank (PLC Bo) Number 202955
 Initial CE Surname TITORN HILL
 (IN BLOCK LETTERS)

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

House
 Post
 Address
 in
 Street
 Capital

_____ (POST TOWN)

_____ (COUNTY)

Date _____

Signature _____

RECEIPTS FOR ENCASHMENT OF POSTAL DRAFTS

Entire to AIRWOMAN

On presentation of postal drafts at a post office for encashment or for credit to a Post Office Savings Bank Account, this receipt book must be produced as EVIDENCE OF IDENTITY. The Post Office will issue one stamp on the encashment of EACH postal draft, and the last stamp when making credit to a Savings Bank Account.

| | | |
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|  |  |  |
|  |  |  |
|  |  | For Credit to P.O.S.B. only. |

Local Signature of Airwoman

IBCC Digital Archive

ON HIS MAJESTY'S SERVICE

Air Officer i/c Records,

K. Division,

Royal Air Force,

Gloucester.

AIR MINISTRY



*Beeson
out of Post office
543981*

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

Air Officer i/c Records,
Royal Air Force,
GLOUCESTER.