

R.A.F. FORM 2520C  
OFFICER

9



ROYAL AIR FORCE  
SERVICE AND RELEASE BOOK

Rank F/O THOMPSON.

Personal Number 198100

Surname THOMPSON

Initials P.R.

Class of Release.....

Age and Service Group No.....

Discharge \* reason for any) for  
disablement or service

Discharge

Discharge

Number

etc.

17. Have you been treated for the above name and address of doctor or hospital? If so, state nature of complaint and name and address of doctor or hospital with first and last dates of attendance.	
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.	
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)
14. State what particular incidents or conditions of service you consider caused or worsened the disability.	
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)

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.

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.	

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.

**PARTICULARS OF 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 F/O Number 198100

Initials P.R. Surname THOMPSON

Date of Birth 23/10/23 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.

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.

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 37th 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 Release—(National Reconstruction).**

(i) 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 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 Release (Compassionate).**

(i) You have been released in advance of ordinary turn 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 37th 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 Credit, if entitled).**

Applicable to Class A or C release 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.....  
(IF KNOWN OTHERWISE)

Class of Release (A or C)..... A..... Date of leaving  
Dispersal Centre..... 21.5.44

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:

.....  
(IF KNOWN OTHERWISE)

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.

## 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 **PI** 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.

### 8. Queries on Entitlements.

(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.

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

(d) 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 F/O Number 198100  
 Initials P.H. Surname T. HOMPSON  
(Family Name)

To be completed at the Disposal Centre. Release of the above named officer is hereby authorised on a Class A Release. The effective date of release (i.e. last day of service is 16.7.55 \*\*

Instructions to Class B release to report for employment. You have been released to take up employment

or

Industry Group Letters: 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 2.8.55 \*\*

G.C. Personnel Detachment, Disposal Centre

8. Give particulars of your wife and children now under 18 years of age for whom you are entitled to receive allowances at any time during service.

To be completed for all officers.

## CLEARANCE CERTIFICATE

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

Rank F/O Number 198100  
 Initials P.R. Surname THOMPSON  
(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 E(a).



*P. Thompson*

Specimen Signature of Officer.

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 :—

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.