

R.A.F. Form 2520A

AIRMAN



258561

ROYAL AIR FORCE
SERVICE AND RELEASE BOOK

Rank WARRANT OFFICER

Service Number 55453

Surname PICKFORD

Initials

Class of Release 'A'

Age and Service Group No. 21

51-4890

HJA. 7465362.

R.A.F. Form 2222/53

CONDITIONS OF RELEASE AND AUTHORISATION

Under the provisions of the Armed Forces (Reserve) Act, 1934, YOU ARE HEREBY RELEASED FROM AIR FORCE SERVICE, or if a member of the Auxiliary Air Force, released from the obligations to which you are subject by reason of enlistment.

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

1. You are relegated to a Reserve of the Royal Air Force unless you are a member of the A.A.F. in which case you remain in the A.A.F.
2. 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.
3. 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 involving release or recalling the reserve to which you belong, you must immediately follow the Mobilisation Instructions in this Book.
4. You must notify Air Officer (e Records (K Division), Gloucester, of any change in your permanent address both for Service reasons and to ensure that any communications in regard to you reach you.
5. 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 A.O. (e Records (K Division), Gloucester, enclosing a medical certificate.

CONDITIONS OF RELEASE AND AUTHORISATION

(continued)

6. 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 (p. Records). If you desire to do so, write to him for his consent.
7. 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.
8. You should preserve the uniform which you retain on your release in good condition in case of recall.
9. If you handed any Medals to your Commanding Officer for safe keeping apply to Air Officer (p. Records (U.I.M. Section), Gloucester, for their return, giving full particulars.
10. Your pay and allowances cease on the effective date of your release unless the release is revoked and you are recalled to service. No retrospective pay is payable in respect of the liability to recall referred to in para. 2 attaching to your release.
11. 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.
12. 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 purpose to which you

CONDITIONS OF RELEASE AND AUTHORISATION

(continued)

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.

13. 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.

RELEASE AUTHORISATION

PART I

To be completed in Unit except when marked**.

Rank W/O Number 551453
 Initials L Surname PURFORD
 (Block Letters)

To be completed
 of the Disposal
 Centre

Release of the above-named airman is
 hereby authorised as a Class B release,
 and he is relegated to Class G(1) of the
 Reserve.
 The effective date of release (i.e. last day of
 service) is 5/10/47 **.

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

From	To
<u>25.5.37</u>	<u>24/9/47</u>
<u>30/5/47</u>	<u>4/5/47</u>

(Date of departure from
 Disposal Centre).

He is granted 95 days' leave on release commencing the
 day following the date of departure from the Disposal Centre

RELEASE AUTHORISATION

(continued)

PART II

Instructions to Class B releases to report for Employment

You have been released to take up employment

Delete one of three

no
 (Industry Group Letters;
 Occupational Classification Number.....)
 and are to report within seven days from your
 departure from this Disposal Centre to the
 following Employment Exchange

OR

with Messrs.

at

from whom you are to report within seven days from
 your departure from this Disposal 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



for A.O. file Records

Disposal Centre Stamp

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 notification of amounts due to you for War Gratuity and Post-War Credit 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 made in the form of a deposit in the Post Office Savings Bank on the 57th 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.

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 14th 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. Any payment to which you may be entitled in respect of your service overseas or for War Gratuity and Post-War Credit, 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.

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 the Dispersal Centre will be increased. Postal drafts for the balance of your pay and overseas leave entitlements, and notification of amounts due to you for War Gratuity and Post-War Credits will be issued from the Dispersal Centre on or soon after the 14th day after your departure. If, however, you were

(continued)

NOTES ON PAY AND EMOLUMENTS

(continued)

sent home from overseas for immediate release, delay in making the final payment will, in some cases, be unavoidable. Any payments to which you may be entitled in respect of your service for War Gratuity and Post-War Credit will be made in the form of a deposit in the Post Office Savings Bank on the 57th 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.

FOR ALL RELEASES

4. 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 2520/20) is provided in this book for the purpose.

5. 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.

6. 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.

7A. The entitlement of wives, 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/airwoman departed from the Dispersal Centre). Instructions will be issued to payees at the last known addresses for them to return the allowance books to

NOTES ON PAY AND EMOLUMENTS

(continued)

the Director of Accounts, Whittington Road, Worcester, after the books have been closed for that week. Arrears and Allowances are required to ensure, irrespective of whether the official notice has been received, that payees return the books at the time stated.

7B. In certain cases however (e.g. Class A releases) a form will be sent to payees from the Air Ministry which, on presentation to the Post Office, will enable them to draw allowances and allotments due for the last four weeks in one lump sum. When payment is made in this manner, the allowance books will be retained by the Post Office for return direct to the Air Ministry. If bulk payment is not authorised the procedure in paragraph 7A is to be followed.

7C. If the book is improperly encashed with your connivance or owing to your negligence, you may be liable to 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.

Dispersal Centre Date Stamp.

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 reserve of which you are a member, 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.

Receipt to be signed if and when the Order is cashed. I hereby acknowledge receipt of the sum of 5/- (five shillings), being advance of pay, issued to me on rejoining.

Date.....

NOTICE TO AIRMAN

If this Order is not used, it must be delivered to your Accountant Officer on joining your Unit, otherwise the five shillings will be charged against your pay account.

NOTICE TO POSTMASTER

After payment, this Order must be treated as a Postal Draft and claimed accordingly.

R.A.F. Form 3552/12

CLEARANCE CERTIFICATE

To be completed at Unit except where marked **

Rank W/O Number 551653

Initials L Surname PICKFORD

(Block letters)

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

Disposal Centre **
Date Shipped

TO BE COMPLETED FOR ALL PERSONNEL

ROYAL AIR FORCE CERTIFICATE OF SERVICE AND RELEASE

SERVICE PARTICULARS

Service Number } 561663 Rank WARRANT OFFICER.

Air Crew Category and/or R.A.F. trade SM/ENGINEER I.

Air Crew Badges awarded (if any) SM/ENGINEER & AIR GUNNER.

Overseas Service S.E. ASIA 15. 4. 47 TO 29. 5. 47

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

Proficiency A SUPR.

" B SAT.

Decorations, Medals, Clasp, Mention in Despatches, Commendations, etc. 1939/40 STAR.

WINDSOR MEDAL & VICTORY MEDAL

Educational and Vocational Training Courses and Results

DESCRIPTION

Date of Birth 25. 3. 20 Height 5' 9"

Marked and Scar

Specimen Signature of Airman Pickford

of L. PICKFORD
(Block Letters)

The above-named airman served in the R.A.F. on full-time service.

from 25. 3. 37 to 29. 5. 47.

(Last day of service is next before leaving for release and release date).

Particulars of his Service are shown in the margin of this Certificate.

Brief statement of any special aptitudes or qualities or any special types of employment for which recommended:-

Warrant-officer Pickford has served in the R.A.F. for ten years and has shown himself of very good character and ability. He is a very experienced aircraft wireless-operator, a willing worker, and of pleasant disposition.

Date 25. 5. 47.

Signature of Officer Commanding Wing Commander

Notes:—

Sub.F. trade—For air crew with a trade, show the trade in brackets after the air crew category, e.g., Pilot (Announcer).

R.A.F. Character during Service:

Y.G. is the highest character which can be awarded in the Royal Air Force. The character assessment reflects the airman's conduct throughout the whole of his service.

Proficiency:

The trade proficiency headings A and B signify:—

TRADESMEN

- A. Skill in his trade (applicable to airmen up to the rank of Corporal inclusive).
B. Ability as technical Warrant Officer or Non-commissioned officer, i.e., as foreman, draughtsman, foreman or supervisor in his trade.

AIR CREW PERSONNEL

- A. Proficiency as pilot, navigator, air bomber, air gunner, etc.
B. Ability as a Warrant Officer or Non-commissioned officer.

Proficiency will be shown as:

Ex. for exceptional
Supr. for superior
Sat. for satisfactory
Med. for moderate
Inf. for inferior

} No higher or other assessments permissible.

The date to be inserted as the date of commencement of service is the date on which the airman reported for service, was called up from deferred service, called out or embodied as applicable.

R.A.F. Form 2529/14

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

RECALL TO SERVICE OF AN AIRMAN ON REMOBILISATION

(To be completed in Unit except where marked**)

TRAVEL WARRANT

Charges payable by Air Ministry (File) R.A.F.
2nd Class

The Directors of the Railway Company or Shipping Company concerned are hereby requested to provide conveyance for one airman by the recognised direct route to. **

N.B.—The airman concerned may only use this warrant if and when public notice of proclamation has been issued calling out the Reserve.

Airman's Number 551653

Surname POUPOFF
(Black Letters)

Initials A.

Stamp of
Dispersal
Centre **

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

Tax was 4/5 per diem.

R.A.F. Form 2520/16

LEAVING CERTIFICATE—AIRMAN 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 airman and the form sent by him to the local Inspector of Taxes, whose address can be obtained from the local Post Office.

Notice to Airman

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
LOCAL INSPECTOR OF TAXES WITHOUT DELAY. DO NOT
WAIT UNTIL YOU HAVE OBTAINED EMPLOYMENT.

Part I.—To be completed at Unit.

Rank W/O Number 551653
Initials L Surname PICKFORD
(Block Letters)

<p>(a) The above airman was in receipt of the following daily rates of pay at the date of Unit for Release as shown by or pay book.</p>	<table border="0"> <tr> <td>Consolidated Pay</td> <td style="text-align: right;">s. d. 17 - 11</td> </tr> <tr> <td>W.S.I.</td> <td style="text-align: right;">9 - 6</td> </tr> <tr> <td>G.C.B. Pay</td> <td style="text-align: right;">4 - 3</td> </tr> <tr> <td>Qualification and duty pay</td> <td></td> </tr> </table>	Consolidated Pay	s. d. 17 - 11	W.S.I.	9 - 6	G.C.B. Pay	4 - 3	Qualification and duty pay	
Consolidated Pay	s. d. 17 - 11								
W.S.I.	9 - 6								
G.C.B. Pay	4 - 3								
Qualification and duty pay									

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."	<table border="0"> <tr> <td>from <u>12/7</u></td> <td>p.d. to <u>18/7</u></td> <td>p.d. w.e.f. <u>1-1-46</u></td> </tr> <tr> <td>from <u>18/7</u></td> <td>p.d. to <u>2/10</u></td> <td>p.d. w.e.f. <u>30-11-47</u></td> </tr> <tr> <td>from <u>2/10</u></td> <td>p.d. to <u>1/10</u></td> <td>p.d. w.e.f. <u>5-1-48</u></td> </tr> <tr> <td>from <u>1/10</u></td> <td>p.d. to</td> <td>p.d. w.e.f.</td> </tr> <tr> <td>from</td> <td>p.d. to</td> <td>p.d. w.e.f.</td> </tr> </table>	from <u>12/7</u>	p.d. to <u>18/7</u>	p.d. w.e.f. <u>1-1-46</u>	from <u>18/7</u>	p.d. to <u>2/10</u>	p.d. w.e.f. <u>30-11-47</u>	from <u>2/10</u>	p.d. to <u>1/10</u>	p.d. w.e.f. <u>5-1-48</u>	from <u>1/10</u>	p.d. to	p.d. w.e.f.	from	p.d. to	p.d. w.e.f.
from <u>12/7</u>	p.d. to <u>18/7</u>	p.d. w.e.f. <u>1-1-46</u>														
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from <u>1/10</u>	p.d. to	p.d. w.e.f.														
from	p.d. to	p.d. w.e.f.														

- (b) The above airman has been remunerated at taxable rates and Form 2520/53 will be forwarded to the Assessor of Income Tax by the Dispersal Centre.
- Delete this sub-para, if airman is not in receipt of taxable rates of pay, i.e. over 6/- per day if single; over 8/6d. per day if married.

Signature of Accountant Officer
or Officer Commanding

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

The effective date of release of the above is

Dispersal Centre Stamp



other complaint since Release. If so,

Item 3, with

6. If your wife has been in employment

during the war, give the name and

address of her employer (her last employer

if she is not now in employment).

Her works number if known

7. State whether you are single, married or widower

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 airman.

Date

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

THE 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 ceased to draw service pay.

When completed the form should be sent to the Air Officer i/c R.A.F.
Record Office, Gloucester.

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 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.

Part III.—To be completed by the airman.

- 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 wife make income tax returns ?
- If so, state :—
- (a) Address of tax office to which sent, if known.....
- * (b) Tax office reference number, if known.....
before joining Forces. (If the same as
Form 3, write "same" in 3 & 4.)
5. If your wife has been in employment.....
during the war, give the name and.....
address of her employer (her last employer.....
if she is not now in employment).
- Her works number if known
6. State whether you are single, married or widower.....
- 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 airman.

Date _____

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

CLAIM FOR DISABILITY PENSION—AIRMAN

1. Surname PICKFORD 2. Service No. 551653
(BLOCK LETTERS)
3. Christian Names LESLIE
4. Rank W/O. 5. Unit/Group 42 Sqn SAAF / 202070
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 Pen- sion (if any) for disablement or service

8. 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 Names and name before marriage.
(b) Wife's present address
(c) Date of marriage
(d) CHILDREN:—
Full Christian Names (and sur-
name 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

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.	

(continued overleaf)

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 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
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61/0086

R.A.F. Form 2520/18
MPB 281

(continued)

CLAIM FOR DISABILITY PENSION—AIRMAN

(continued)

12. IF YOU CLAIM SOLELY IN RESPECT OF A WOUND OR INJURY, YOU NEED NOT ANSWER ANY OF THE FOLLOWING QUESTIONS—but this claim form must be signed and dated.

QUESTION	ANSWER
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)
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?	(a)
(b) Where were you stationed?	(b)
(c) What was the precise nature of your duties at the time?	(c)
16. 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.	
17. 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.....

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

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).....

(d) CHILDREN:—
Full Christian Names (and sur-
name 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

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.

(continued overleaf)

R.A.F. Form 3520/19

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 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. 59A

PART II to be completed at Unit.

Rank W/O

Number 551653

Initials b

Surname PICKFORD
(Block letters)

Date of birth 25. 5. 20

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?

(Continued overleaf)

PLEASE fill in by completed by Doctor providing treatment who should also attach the form and send it to the Insurance Committee (in Western Ireland to the Secretary of Labour, Dublin Council, through Western Ireland), for the use in which the insured person is making.

* The person named certifies that was not on my list immediately before entering an H.M. Prison in receipt as from to-day as a "temporary" (permanent) resident.

* The person named certifies who states that he was on my list immediately before entering to H.M. Prison has to-day applied to me for treatment.

Date _____ Signature _____

* Delete when not applicable.

If doctor is to supply drugs he should enter DR here _____	If doctor claims no charge he should enter no charge distance here _____
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(Signature permitted)

11. Give me as full an account as you can of the treatment received by you and the result of the treatment. If a receipt for the treatment received by you is required, please send it to me.

NOTES

NAME _____

12. The following particulars should be entered in the official records.

13. The name of the person who has been treated in the prison should be entered in the official records.

PARTICULARS OF CLAIM

Date of birth _____

14. Give particulars of any child born after release _____

Date of entry _____
 Date of exit _____
 Date of death _____

(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.....

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.

(continued overleaf)

R.A.F. Form 3520/19

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 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. 59A

PART II to be completed at Unit.

Rank W/O

Number 551653

Initials L

Surname PICKFORD
(Block letters)

Date of birth 25. 5. 20

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?

(Continued overleaf)

FOR ALL ARMEN

Take the utmost care of this book which contains your Certificate of Service. The Certificate cannot be replaced when lost or any action or negligence on your part. You should not part with your Certificate of Service, but if you desire to give anyone 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 R.A.M.S. hospital where any medical, 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 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 _____
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R.A.P. FORM 2024-223

RECEIPTS FOR ENCASHMENT OF POSTAL DRAFTS

Notice to AIRMAN

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 frank one ring on the encashment of EACH postal draft, and the last ring when making credit to a Savings Bank Account.



[Signature]

Local Signature of Airmen

PAID 117 46 let cancelled on Disposal Order
(Disposal Order Data Source)

The above

Receipts for postal drafts

PART III to be completed at Dispersal Centre (Dispersal Centre Date Stamp)

(c) Date of issue

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.

PLEASE FOLLOWING

P.D.C. W