R.A.F. Form 2520A



# ROYAL AIR FORCE

Rank	Sal
	1605203
Surname	Gould
Initials 1	A. G
Class of Release	q
Age and Service G	roup No. 48

anture of complaint and name and

## ON HIS MAJESTY'S SERVICE



The Senior Accountant Officer,

No. 100 Dispersal Centre,

Royal Air Force.

Uxbridge (Post Town)

AIR MINISTRY

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

Note to direction.

Final payments will be made to the address which you give at the time of your release. If, however, you change this unidense before you receive intain payment, you should complete this card and sorts it to the Disposal Centre from which you were released, about now work before the dates indicated in the payment of the payment of

I donie to inform you that I have changed my oddress from that

(Post Toron)

Sinceres of nirman

CONDITIONS OF RELEASE AND AUTHORISATION

Act. 1600. YOU ARE HIGHERY RELEASED FROM ALL FORCE SERVICE, or if a measier of the Auditary Air Force released from the obligations to which you are subject by come

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

1. You are relegated to a Reserve of the Royal Air Force soless was so men number of the A.A.F. or which one are not continued to the Royal Air Force soles was a second or the Royal Air Force soles are not continued to the Royal Air Force soles

 You have not by this release been discharged from it fewere. You remain liable to recall to Air Buree Service us the Econograpy is idealized onfiel by Order in Union), when y will be discharged unless you are on an engagement extends become that other.

 If you are recalled by Special Notice full instructions will be given you as to whose and when you are to report. If any general notice or proclamation is toused swedeing releases or recalling the reserve to which you belong, you waste immediated.

 You must notify hir Officer to Records (II Division), Gloroutes, of any charge in your permanent address both for Service reveces and to course that any communications in round to any module much was.

8. If you become medically units through any elektron, injuor other disability which readers you units for further serviand which is not temperary only, you must write to the A.

BOC Distri

Loubling in the declarage year may not enter or cells in any other country, or the part from the U.S. without permission from the U.S. without permission from the Alf Other is Records. If year desire to do so, write to him for his commit the the configuration of the country o

for service.

8. You should preserve the uniform which you retain on your

 If you handed any Medila to your Commanding Officer for safe isosping apply to Air Officer (is Records (C.I.M. Section), Glorester, for their return, giving full particulars.

service. No secrete pay is issuable in secret of the liability to recall referred to in para. 2 attaching to your release.

The following conditions apply to this A (Age and serioristics) selly.
 Any constantement rights you may have under the Beinstatene.

your lowe.

12. The following conditions apply to Class B (National Recon-

struction) releases only.

You have been released at the request of the Ministry of Labo
and National Service. You will be directed by that Ministry
on mountainty produces to the proposes to which to

#### CONDITIONS OF RELEASE AND AUTHORISATION

(continued)

over boom referred. Instructions setting out the Foredayment

will be recalled to Service.

18. The following conditions and/o to Clark C releases only

reinstatement rights you may have under the Reinstatement Civil Employment det, 1986, zrise on departure from th Dispensi Centre.

table A.G Surrome GOULD

D. A. P. Person Office line

## RELEASE AUTHORISATION

fundructions to Chan & releases to report for Employment

### MOTES ON DAY AND EMOLUMENTS

1 FOR CLASS A RESPECT

2 DOD CLASS B RELEASE

3. FOR CLASS C RELEASE

NOTES ON PAY AND EMOLUMENTS

#### NOTES ON PAY AND EMOLUMENTS

the Director of Accounts, Whiteington Road, Worcester, after the books have been cashed for that week. Alexand and Assecure are required to secure, irrespective of whether the official parties has been regarded, that percess statura the based

7B. In certain cases however (e.g., Class A releases,) a form will be sent to payers freen the Air Mitating which, on presentation to the Post Office, will easile them to does allowance and allowants due for the last four weeks in one lamp sum. When payment in smell in this matter, the elisonance book will be retained by the Post Office for return discut to the Air Mainter. If the layer seven it not authorized the procedure it.

To C. If the book is improperly excessed with year consistence or owing to your negligence, you may be liable to be prosecured.

8. Any overlaw on your field populous, ever Grantley entitioned or Drive War Ceelis seeing after receipt of fixed populous are not Posts War Ceelis seeing after receipt of fixed populous are

rticulars:—
(a) Class of release (A, Wait C).



#### REMOBILISATION INSTRUCTIONS

Although released you have NOT BREN DISCHARGED.
 Until you are finally discharged when the North

of threed to you personally.

3. If you receive an individual notice you will be sent a terrelling warrant with full instructions as to what you see to do and a large

4. If a public general notice or proclemation is issued revelopment and recalling the reserve of which you are a member you should immediately purpose younget to estum to days mental the lense of Public Notice Bearing for further instruction.

 You should report at your Remobilisation Station as show below, in Uniform, bringing with you all service clothing an reconstrict left in your passession when you was solven.

6. You should also bring with you (1) this Book containing you Certificate of Service (2) year National Hashit and Poncion Contribution Service (2) year Wheep Hashit and Poncion Insurance Contribution Code (3) your Unreally year Service Liouziji, takes, (4) year Crittian Education Under (3) year Service Liouziji, tiles. If you cannot get these at mose is, NO experient average for them to be served on start year. If you was sold when this to report, you must immadistiply inform the Other Commanding the attains on the Width you are.

### R.A.F Form \$550/25,

#### REMORTISATION DISTRICTIONS

(continued)
7. Do NOT being any racials or decorations with you

you are smalle to have them in safe cast-oly.

3. If you have to travel by sail, use the Travel We

recovery. If you do not expert in mark the basis of an arms to be basis of in what you report for duty.

0. If you need armsy for the journey the enouy order is in the Book may be used; present it for payment at any Office and produce your identity Card and you will be present.

which will be adjusted more at your money order on reporter, will be charged the fact,

Public Notice or Proclas

REMOBILISATION STATIONS

10. If remobilisation or estura to duty is ordered by general notice, or peculiarnation revealing releases or recalling the Beservo

showing the particular stations under code letters. Year code letter is shown before god you should report to the station to which the code letter deplies.

Your remobilisation deputes code letter in:

AA

To be completed as Unit.

## ROYAL AIR FORCE

AVAILABLE ONLY ON REMOBILISATION BY

To H.M. Postmister Ger

to the arrivan mentional below, if and when by Peblic Notice of Proclamation the R.A.P. Reserve has been called out for furth Active Service before the present Emergency is declared endo-The receipt overleaf must be signed by him.

Christian Name(s) Aller Geoffeen

Strature of Arman









## because so be algreed if and when the Order is coaled. I

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. CLEARANCE CERTIFICATE

Bank Soft. Number 1605 203

anticle A.G. Soreace GOULD White Service Is in heavily corolled that the above-caused airms has been cleaned of known charges in respect of definences of public deliting and corprose

Dispersal Centre Date Shamp

28 OCT 1948

TO BE COMPLETED FOR ALL PERSONS

## ROYAL AIR FORCE

SERVICE PARTICULARS

NEUTRO J. 1605203 RAIX SST.

NEUTRO CAREFOR VINE RAP. LIVE FEE (Afr. CAR FEE)

Air Crew Palgon arroaded (If any) F/Engineer badge

R.A.F. Character U.S.

B AT.

Decentions, Medicin. Compared to the State of Stat

Educational and Vocational Training Ourses and Results

Date of Birth 16 6 25 Books 64

Specime Square Manlet

Sussent O. G. GOVERN

The above carried signess corred in the RAF.NR.

from 7:10:42 so 8:10:46

Lost day of cervice in well before inviving for release and release invent.

Particulars of his Service are above in the mergin of this Certificate.

the summer he place hearsly to be her and consuly

We dilles open which he has been engaged. He should prove the still and the hei

5/10/44

a promote of

BCC Digital Aid

R.A.F. mode. For all cases with a bardo trade, shore the trade in brookets

A. Shill in his trade (applicable to airmon up to the mask of Corporal B. Ability as trobuled Warrest Officer or Non-recessionered offices, i.e.,

## TRAVEL WARPANT

N B ... The airman concerned may only use this warrant if and when

Almen's Number 1605203

Particulars of Ticket insued, to be filled in by Tomorty, Shipping Co.

## CLAIM FOR DISABILITY PENSION—(AIRMAN)

THE ATTACHED FORM is to be used only if you claim to be suffering from a disability attributable to or aggregated by WAR SERVICE. You may complete it at any time WITHIN 6 MONTHS

When completed the form should be sent to the Air Officer (to R.,

Hecord Office, Glorrester.

If there is insufficient space on the form further explanation

Any pension granted on this application will commence following constion of service pay.

After 6 months from the occasion of service pay, any claim to pension must be made on a different form to be obtained from the neural office of the MINISTRY OF PENSIONS, the address of which

R.A.F. Form 2520/18

	CLAIM FOR D	DISABILITY	PENSION-AIRMAN	
1.	Surname Gouls	Petters	2. Service No. 1605 20	23.

1. Surman
(BLOCK TETTERS)
3. Christian Nurse- Allen Geoffrey
1. Dail Group gt. Sampford / 23 gyr
1. Dail Group gt. Sampford / 23 gyr

7. Have you served in the Armed Forces before the present War and been discharged? If "Yes" give particulars below :-

Corps or Ship, etc.	Official Number	Discharge	Discharge	sion (if any) for disablement or service
				La contraction
8. Give particulars received family a (a) Wife—full C	illowances at any	l children now u	inder 16 years o	of age for whom you
	efore marriage.			
(b) Wife's prese	nt address			
	riage			
		1	Date	of birth
name when	n Names (and sur-	2	Date	of birth
your own) a	nd dates of birth	3	Date	of birth
9. Give particulars		Name/s		

PARTICULARS OF CLAIM

The following questions should be answered with case. The answers will assist in the coquiries to be made of efficial records. Incomplete answers may delay the consideration of your claim.

QUESTION 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.

6. Date of Release



Form Med. 50A

Tyron (B) III Short by the Alexander of the College of the College

by the treators to hive in your old district and had on the treators decror before you go to to he will you.

You are now entitled to medical bought under the Mathematical the control of the

## DISPERSAL CENTRE MEDICAL TREATMENT AFTER LEAVING

E.A.P. Form 2520/13

R.A.F. Form 2520/18 MPB 281 (continued)

# CLAIM FOR DISABILITY PENSION-AIRMAN

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		AN	SWI	ER		
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?						I Also
14.	State what particular incidents or con- ditions of service you consider caused or worsened the disability.	,				1 1000	Tyn.
15.	(a) In which Unit were you then serving? (b) Where were you stationed? (b) (c) What was the precise nature of your (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. approximate dates.

inst dates of attend	ance,	
	Signature	Dute
Any person knowingly	Address	
making a false state- ment will be liable		
to prosecution.		

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

Address of Witness.

Witness to signature (Any householder)

orolly for the control from the distribution of the control of the 16. (a) In which Unit wore you then serving ? (b) Where were you stationed ? (b) What was the precise nature of your (c) thirds at the time ? 14. State what particular incidents or con-ditions of service you consider caused or worsened the disability. 13. (a) When did you first suffer from the distribility (b) It belong your war service when did you first notice the effects of war service on it? nurst be signed said dated.

YOU GLAIN SOURLY IN HENEFOL OF A WOUND OR INJURY, YOU WEED

TO IT OUT OUT AND SOURT OF THE FOLLOWING QUESTIONS—but this claim form CLAIM FOR DISABILITY PENSION—AIRMAN 81.A.F. Form 2520/18 MPB 281 B.A.F. Form 2520/13 MEDICAL TREATMENT AFTER LEAVING DISPERSAL CENTRE You are now entitled to medical benefit under the National Heulth Insurance Acts, and a medical eard 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. To you fall ill before the medical carees, ill in the supplection below and hand this book to your previous insurance dector (or, if about, his deputy). If you full not have an insurance dector. You can see a list of insurance dector or. You can see a list of insurance dector at the local Post Office. Do not detach the form from the look. The depotr will do this. Form Med. 50A Number 1605 203 Sergeant Surname GOULD A. G Date of birth 16 . 6 . 23 PART III to be completed at Dispersal Centre (Dispersal Centre Date Stamp) shable 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 nor received a medical card since leaving the Dispersal Centre and I hereby apply for a medical card to be issued to me. I was on the list of Dr. 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 as may be necessary 3 X n My present address is .... Do you intend to leave this district within three months from the date hereof ? If soDehen?

FOR ALL AIRMEN

Certificate cannot be replaced when loss is due Cortificate of Service, but if you desire service, make a copy. None

reminded that the may have which death,

Membership number

\* If you were a member of an Approved Society before you were mobilized or called up for service, or if you joined an Approved Society during service, your membership is still effective.

## 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 provide the control teachers which the control teachers are a provided by the control teachers which the control teachers are controlled to the control teachers are controlled to the controlled teachers and the controlled teachers are controlled to the controlled teachers are contr

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 overloaf 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

\* Delete where not applicable

If doctor is to supply drugs he should enter DR here

If doctor claims mileage he should enter mileage

## NOTIFICATION OF CHANGE OF

Rock Set Number 1605.20 S.
Initial D.G. Someon GOMALD
(IN BLOCK LETTERS)

address which now is :--

IECC Digital

RECEIPTS FOR ENCASHMENT OF POSTAL DRAFTS

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

Anyone finding this book is requested to hand it in to the nearest Police Station or forward in an UNSTAMPED

> Poyal Air Form, GLOUGESTER