

R.A.F. FORM 2520C

OFFICER



365

ROYAL AIR FORCE  
SERVICE AND RELEASE BOOK

Rank ALT.

Personal Number 173 836

Surname NORTH.

Initials G. J.

Class of Release A

Age and Service Group No. 28 + 6

Discharge or service

Discharge

Discharge

Number

etc.

To be completed for all officers.

SC/V/2.

S.E. 28A 28 AUG 1945

## CLEARANCE CERTIFICATE

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

Rank

FLT

Number

M3836

Initials

G.S.

Surname

NORTH

(GIVE 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 *g* ..... *d* ..... which has been reported to Air Ministry, Accounts Dept.



## WARNING

You are reminded that the unauthorized communication by you to any person at any time of any information that you may have acquired in the course of your Service renders you liable to prosecution under the Official Secrets Acts 1911 and 1939.

This covers disclosure in any form whether orally or in writing or by publication in the press or in book form.

In case of death, next of kin or personal representatives are requested immediately to inform Air Ministry (O.A.R.) Adair House, Kingsway, London, W.C.2.

1. Service (block letters)	2. Personal No.	3. Unit/Group
4. Rank	5. Date of Release	6. Have you served in the Armed Forces before the present War and been discharged?
7. Christian Name	8. Rank	9. Date of Discharge
10. Army or Official Number	11. Date of Discharge	12. Particulars of Pension (if any) for disablement or service
13. "Yes" or "No"	14. "Yes" or "No"	15. "Yes" or "No"

## CLAIM FOR DISABILITY PENSION—R.A.F. OFFICER

THIS FORM is to be used only if you claim to be suffering from 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 Ministry (O.A.R.), Adastral House, Kingsway W.C.2.

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 six months from the cessation of service pay, any claim to pension must be made on a different form to be obtained from the nearest office of the MINISTRY OF PENSIONS, the address of which can be obtained at the Local Post Office.

1. Surname..... 2. Personal No.....  
(BLOCK LETTERS)
3. Christian Name/s.....
4. Rank..... 5. Unit/Group.....
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 Pension (if any) for disablement or service

Give particulars of your wife and children now under 18 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 Surname  
where different from your own) and  
dates of birth.

1. ....

Date of Birth.....

2. ....

Date of Birth.....

3. ....

Date of Birth.....

Name/s.....

Date/s of Birth.....

9. Give particulars of any child born after release.

## 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.	
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.	
QUESTION	ANSWER
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)
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? (b) Where were you stationed? (c) What was the precise nature of your duties at the time?	(a) (b) (c)
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.	
17. Have you been treated for the above or any other complaint since Released? 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.....

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) .....

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 PLT.

Number 173836

Initials G. J.

Surname NORTH.

(BLOCK LETTERS)

Date of Birth 3/4/1919

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.

P.T.O.

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*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, Stormont, Belfast), 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 today 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) .....