R.A.F. Form 2520A



ROYAL AIR FORCE SERVICE AND RELEASE BOOK

Rank	LAC
Service Number	3002545
Surname	SHAW
Initials	S.R.
Class of Release	A

Age and Service Group No. 51-5247

ON HIS MAJESTY'S SERVICE



The Senior Accountant Officer.

No. / 01 Dispersal Centre,

No. 101 P.D.C.
KWACHEN (Post Town)

LANCS (County)

AIR MINISTRY

R.A.F. Form 2520/2

NOTIFICATION OF CHANGE OF ADDRESS FOR FINAL PAYMENT OF PAY AND DELFASE RENEETS

Final payment will be made to the address which you got at the time of your release. If, however, you change the address before you receiver final payment, you should complete this card and send it to the Disposal Centre from which you were released, about one week before the dates indicated in the

Airman's North of Water	Burname	SHAW
Date as shown on Participation/26.	Initials	5. R
SON DING		

I desire to inform you that I have charged my address from the given on my release, and I new request that all further paymen

	(Post Town)
	Constate

arest Post Office

Signature of airman

CONDITIONS OF RELEASE AND AUTHORISATION

Under the previsions of the Armed Forces (Conditions of Service)
Act, 1949, 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 embediment.

This release is subject to and on the following conditions:

1. You are relegated to a Reserve of the Royal Air Force

You have not by this release been discharged from the Service. You remain liable to recall to hir Force Service until the Energypay is declared ended by Order in Council, when you will be discharged unless you are on an engagement extending byyout that date.

If you see recalled by Special Notice full instructions will igired you so to where and when you are to report. If a general notice or profumation is issued reveiling edisease recalling the reserve to which you belong you must immediate fellow the Boundhillattic Instructions in this Deals.

 You must notify Air Officer to 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 module reach you.

 If you become medically unfit through any sickness, injury or other disability which rendees you unfit for further service and which is not temporary only, you must swite to the A.O. (to Records (K. Division), Gloucester, enclosing a medical confidence. 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 ands locoping apply to Air Officer i/c Records (C.I.M. Section),

10. Your pay and allowances coses on the effective date of your

11. The following conditions apply to Class A (Acc and Service)

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

your reconstruction employment for the purposes to which you

R.A.F. Form 2520/25

CONDITIONS OF BELEASE AND AUTHORISATION

13. The following conditions apply to Class C religion only. Civil Employment Act, 1944, arise on departure from the PAST 1.

To be completed in Paid errord when marked?*

Rink AAR Number 3904545

The be completed for the above-named nirmen is to the completed as a Class A release, and he is relegated to Class & A release, leaves to the control of the

It is hereby certified that the above airmon served in the

11. 1. 16k

So. 7 WA

B.A.F. Form 2550/25 (continued)

RELEASE AUTHORISATION

Instruction County Come is reported Employs

(M. of L. code number _____)

Dakto code from the Department Control the Colored Code of the Code of t

ON CANCELLED within seven day

You will compate to Gibel to Figure work on the espiration of Alberto Gibe to Figure desire commence

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R.A.F. Pores 2520/26

NOTES ON PAY AND EMOLUMENTS

I. FOR LLASS A RELEGION OF THE PROPERTY OF THE

Office Savings Book Account.

You will have eccaved as the Dispersal Poster a payment in code as accurated your leaven per used althornance. The business of pigs and althornance will be forwarded to you by the Steries Accountant Officer of the Dispersal Centre on or soon after the foresteenth sky after your departure from the Centre. If, however, you were such herea from everseas for immediate colours, duly in ranking the first payments will, in some cases,

be unavordable.

Paymonts due to you in respect of War Greatity, Past War Credit and oversees leave will be insend to you from the Reinsen Account Section. A.P. Record Office. Girconster, at some force of force of the Control of th

10 to military.

You will have received at the Dispersal Centre a payment is eash on account of the balance of pay due to you. If, however, you

K.A.F. Form 2020/00

NOTES ON PAY AND EMOLUMENTS

the Disposa Creare with the consessed. Postal draftle for this believes of years pay and overwase cases entitletered and for Wine Oracles with the smooth from the Disposal Control oracles of the Wine Create with the smooth from the Disposal Control oracles on the control of the payer of depositions, on each silver, the control of the paint depositions of the control of the Contr

4. FOR ALL RELEASES

You will have given on release an address at which you derive the fixed payment or your account made. If you change this address betters you receive the first payment of your account and desire the payment made to any other olderes you sheedly, in order to provent loss or misoppropriations, notify the Senice Association Officer of the Diagnosti Contenferes which you were released. A until (Form 2005)(19) in

5. Payment will be made to the address given on release unle actification of any change is received before payment: the & Ministry will not be responsible for any loss or misappropriate

6. The balance of pay forweeded to you by the Senior Accounters Officer of the Dispersal Centre does not proclude my adjustment of income tax liability which the Department of

NOTES ON PAY AND EMOLUMENTS

[continued]

7. The contilionest of wive, dependants and albitizes to R.A.P., allowance and albitments conces at the end of the allowance week (Pinzzeley to Wednasday inclusive) in which loave capture (or if no leave is granted, at the end of the ulterance week in which the adman depended from the Dispessed Octoby.

guarantees was no summe to payou not take take to the work of for them to return the allevances books to the Disotor of Accounts, Whittington Road, Weccuster, after the books have been called for that work. Airmen and Airmoness are required to ensure, irrespective of whather the official notice has been received, that papers return the foods of the time stated.

awing to your negligence, you may be liable and he proceeded.
8. Any queries on your final payment, or War final payment are to be addressed to the Senior after receipt of final payment are to be addressed to the Senior Accountant Officer of the Dispensal Centre at which release we effected quoting the following

(a) Class of release (A. B or Ch.



R.A.F. Farre \$520-24.

REMOBILISATION INSTRUCTIONS

1. Although released you have NOT BEEN DESCHARGED.

 Until you are finally discharged when the Emergency is declared ended by Order in Council you still remain liable to receil

addressed to you personally.

8. If you receive an individual notice you will be sent a travelling warrant with full instructions as to what you see to do and where

you are to report.

4. If a public general notice or proclamation is issued revoking reiesses and recolling the reserve of which you are a manning.

as to when you are to report.

4. You should report at your Remobilisation Station as show below, in Uniform, below, with your all service shathing or

6. Vermi about days being with your trip july little de consistency your form of the property of the property

this Rook and correlate the name of the Railway Station as

NOTE: This worser coder and Warrant our only by ward after a

DAP BODM essents

To be retained by Post Office.

POYAL AIR FORCE

PURILIC NOTICE OF PROGLAMATION

SHAW

CHAIR YOUR STRNAST ROLAND

3002545

P.A.E. From 2500.44

CLEARANCE CERTIFICATE

To be completed at Unit except where warded**

Bank ____ L A <___ Number 300 d 5 455

tellab S. R. Sermon SHAW

Answer charges in respect of deficiencies of public clothing and equipment.



TO BE COMPLETED FOR ALL PERSONNEL

To be signed if and when the order is cashed. I havely acknowledge receipt of the sum of 5s.

BCC Diotal Archive

ROYAL AIR FORCE CERTIFICATE OF SERVICE AND RELEASE

SERVICE PARTICINARS

ring } 3002545 min 1 Ac

Air Crow Budges arrated (if any)

Baller 9.3.46 - 14.3.47

A.P. Character V.G. tore notes on 1

nations a Super

Corntina, Medale,
sup. Medica in Desputches, Commendations, etc.

DEFENCE ON VAR. MEDICAL

Educational and Vocational Training Courses and Besults

Date of Birth 15 - 1 - 1926 Height 6 ' 1"

Serks and Scare.

Political Signature

(Almon

S. R. SHAW

S. R. SHAW.

The above samed simus served in the RAFVR on Silveine service.

(Lost day of service in unit before leaving for release and release ion.

Particulars of his Service are shown in the marries of this Continu

He combined very good proched tenniledge with willingness to

unionaplaining manner have began working with him. He has taken his

Him when the Stanter and the highest

Standard and jun he Britain Common house mill without superniain.

E.A.F. trafe-For sir ever with a basic trade, show the trade in brashet

B. Ability as technical Warrant Officer or Non-convenienced officer, i.e.

Ability as a Warrant Officer or Non-commissioned officer.

No higher or other assessment is

TRAVEL WARRANT

Charces navable by Air Ministey (Pfe)

N.B.—The airman concerned may only use this warrant if and when public notice of precisenation has been invned calling out the Ressews.

Airman's Number 30025 45

Particulars of Ticket issued, to be filled in by Bailway Mich

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 aggravated by WAR SKRVICE. You may complete it at any time WITHIN 6 MONTHS

When completed the form should be sent to the Air Officer (io R.A.F. Broard Office, Glomestee,

If there is insufficient space on the form further explanations or

answers can be written on a plain about of paper which you must SIGN and attach femily to the form.

Any pension granted on this application will eccentrate on the day

After 6 months from the constitut of service pay, any chim to punsion must be used on a different form to be obtained from the marrest office of the MINISTRY OF PERSONS, the address of which may be obtained at the local Four OFF.

190

Edica Course Date of

Date of Marks are Specimen

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

LAIM FOR	DISABILITY	PENSION-AIRMAN	
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1. Surname SHAW 2. Service No. 300 = (BLOCK LETTERS)	
3. Christian Names STANLEY ROLAND	

- 4. Rank LP 5. Unit/Group R.A.F. STATION, FAYIU 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

- 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

C

- (d) CHILDREN:— 1.

 Full Christian Names (and surgum where different from 2.

 Your own) and dates of birth
- Date of birth .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. 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)

. Date of birth ..

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 Lobour, Palace Forunds, 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 he should enter DR here distance here

Part II to be completed at Dispersal Centre.

R.A.F. Form 2520/19

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

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 ANSWER

15. (e) When did you first suffer from the disability (i)
(ii) If before your was service when did (b) exercise it is the effects of was exercise on it is the effects of was

14. State what particular incidents or conditions of service you consider caused or worsened the disability.

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?

16. If you suffered from the disability before

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 Pelease? If so, state nature of complaint and name and self see of dector or hospital with first and last dates of attendance.

nature Date

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

Address (if different from above) 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).....

The He would be a free feet for the above or any of the select of the solution of the feet 16. If you suffered from the disability before joining the Porees, give the name and cardieses of any doctor, hospital, etc., from whom you received treatment. Give approximate dates. (a) † Smivres mouth und every the Worldwar II (b)

(b) † Sensoline's used, renow road W (d)

(c) the New York of the Smire 14. State what particular incidents or con-ditions of service you consider caused or worsened the disability. SI. When did you first suffer from the the wife with the billist of the service when did you first notice the effects of war is you first notice the effects of war is you first notice the effects of war. VIZAMER COLESTION 12. IF YOU CLAIM SOLELY IN RESPECT OF A WOUND OR INJURY, YOU WEED NOT ANSWER ANY OF THE FOLLOWING QUESTIONS—but this claim form CLAIM FOR DISABILITY PENSION—AIRMAN R.A.F. Form 2520/18 MPB 281 R.A.F. Form 2520/19 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. was or enourae or me off if he is still in principe anisaty or or a simple. If you fall ill before the medical end comes, fill in the application below and hand this book to your previous insurance doctor (or, if about, his deput). If you did not have an insurance to the property of th Form Med. 50A PART II to be completed at Unit. Number 3002545 LAC 8 .. R . Surname SHAW.
(Block letters) Initials . Date of birth 10-1-26 Sex MALE If a marri PART III to be co inpleted at Dispersal (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 card is received. I have not received a medical card since leaving the Dispersal Ce for a medical card to be issued to me. and hereby Delete 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 necessary 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)

You should not FOR ALL AIRMEN The Certificate cannot

the utmost care of this book which contains your Certifical be replaced when loss is due but if you desire varticulars of your service, make a copy. action or negligence on your part. Certificate of Service, Service,

communication by you to any person at any time of the unauthorised that reminded are ARNING.-You

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

may have acquired whileprosecution under might Acts 1911 and information you Service which liable H.M.

nn e

immediately death, next-of-kin are requested orm A.O. i/o Records, K Division, Gloucester.

(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 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 claims mileage If doctor is to supply drugs he should enter he should enter mileage distance here .. DR here

NOTIFICATION OF CHANGE OF ADDRESS AFTER RELEASE

Back L De Souter 3 = 02 545

RECEIPTS FOR ENCASHMENT OF POSTAL DRAFTS



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

The above-named person departed from this Dispersal Centre on -AAVE FOLLOWING SERVICE OVERSE

LEAVE GRANTED

D.C. WARTON (KIRKHAN

FELT. WAKION (ASSAULAN



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

elope to :-Air Officer i/e Records,
Royal Air Force,
GLOUCESTEE