R.A.F. FORM AREC



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# ROYAL AIR FORCE SERVICE AND RELEASE BOOK

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Rank								
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QUINE .

J. W.

A

Age and Service Group No.

## CHANGE OF ADDRESS-Notification to Air Ministry

#### WARNING

Date of Birth
2. .....
Date of Birth
3. .....
Date of Birth

Name/s Date/s of Birth

 Give particulars of any child born after release.

Address (if different from above) to which you desire the result of your claim to be sent: to prosecution. Any person knowingly making a false statement will be liable to prosecution. (a) In which unit were you then serving?
(b) Where were you stationed? State what particular incidents or conditions of service you consider caused or worsened the disability. TOTESTO, (a) When the standard (b) to the did you must service when the disciplity of the service when the did you first notice the effects of the control of the control of the control of the case of the control of the case of the cas F YOU CLAIM SOLELY IN RESPECT OF A WOUND OR INJURY, YOU CHAIM SOLELY IN RESPECT OF A WOUND OR INJURY, YOU THE FOLLOWING QUESTIONS—but the 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. the clouwing 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.

### 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 fail it before the melical card comes, fall 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.

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Form Med. 50A

Part II to be completed in Unit J.W.

Number 185297 Surname QUINE

etc	camp,	Number	Disch	arge	Discharge	disablement or service				
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8. Give pa	rticulars	of mour wife	and childs	on now r	nder 18 veen	of one for whom you'				
<ol> <li>Give particulars of your wife and children now under 18 years of age for whom you received family allowances at any time during service:—</li> </ol>										
(a) W:	(a) Wife—full Christian Names									
an	name be	efore marriag	e			and the state of t				
and the same of th	-	- Janes	-	DOLLOGO.	, not norma	treatment during				
				II. Give the names of the hospitals or other places at which you received						
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				claim pension? If a wound or injury state when and						
						10. What is the disability for which you				
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Part III to t	e complete be comple	ed in Unit for	r au ojjice zal Centre	for insur	red officers.	400.				
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a medical	ard tellir	ng you how	to get tr	eatment	will be sen	lth Insurance Acts and to you as soon as e doctor at his surgery,				
possible. M	edical bet	efit includes	free treat	ment from	n an insuranc	e doctor at his surgery,				
or it your co	vou go b	ack to live	in your c	ld distri	ct and had	an insurance				
do	ctor befo	ore you join	ed up y	ou will	be restored	an Insurance to his list				
if	he is stil	In practice	himself	or by de	puty.	action below and hand				
this book to	your pr	evious insura	nce doctor	(or, if a	bsent, his de	cation below and hand puty). If you did not in another part of the surance doctors at the				
have an inst	rance doc	tor before yo y insurance o	u joined up	or if you	a go to live	in another part of the				
local Post (	Office.									
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Part II to	be complet	led in Unit			100					
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and the same	. 0	16/23			AR, E	(BLOCK LEYTHRE)				
Date of B	rth 19	16/23		Sex	14577	6 8				
Part III to	be compl	eted at Dispe	rsal Centre		GE	0				
					(Dispersal	Centre Date Stamp).				
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Part IV-	oleted by a	eleased berso	ONLY	if needing	medical tre	rsal Centre. alment before a medical				
card is rea	nived.				h- Dissessed	Contro and I homely				
apply for	medical	card to be is	sued to m	ic.	ne Dispersin	Centre and I hereby				
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Delete as	I was n	obilised or o	alled up f	or service						
may be .	I was no	ot on the list	of a docto	r in the d	istrict where	I am now, and I desire				
necessary	to be I	placed on the	list of		of doctor or	approved institution)				
	1		(11	sert nam	e or doctor or	approved the second				
My presen	t 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)										
					(Sign	ature of Keleased Person)				
Membership number										
Membership number. Date										
for service	e, or if y	rou joined ar	Approve	Society	duting serv	DTO				
still effec	LET C.					P.1.0,				

I. Class A Release (Age and Service). (i) Any reinstatement rights that you may have under the Reinstatement in

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.

(ii) Asy paysecuts to which you may be entitled in respect of your surviva for War Grabuly 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 Deportal Centre. A Post Office Savings Bank Bank William to Sorwand Savings Bank Savings Savi

 Class B Releases—[National Inconstruction]
 You have been released in advance of collary turn at the request of the Maintry of Labour and National Construction. You are to report to the Employment Earthungs or employers in shows below within soren days and the control of the Construction of the Construction of the Construction of the Construction of the Control of You'll collamathy for request to commence work on the employment of your leave, but may commence with on the Construction of the Construction of the employment for which you have been released in the

(ii) Payarent of allowances due to you up to the day of your leaving your unit for release will be pold by your existing accounting unit. Payarent of allowances from that do no to the effective date of your release will be paid by the Dispersion Courtee flower of the contract of the country of the coun

(iv) If at any time poic will their te torvanious to ye by the Head Office of the Post Office Savings Funk.

(iv) If at any time prier to the date on which the Emerges dedeclared ended by Order in Contall you come to perfor the work for which you have been reduced, save a reasons of ill health, your release will be revoked and you reasons of ill health, your release will be revoked and you

Class C Releases (Companionate).

(i) You have been released in advance of ordinary turn or extreme compositionable grounds. Any reinstalement rights that you may have under the Maintalanceaut is Civil-Employment Act, 1944, arise immediately on you departure from the Dispersal Center.

your leaving your unit for release will be pask by year easiing accounting unit. Payment of allowances from that date up to the effective date of your release will be pask by the Diaprard. Centre into year Benking Account. (18) Any payments to which you may be entitled in respect of your service for War Grantiny and Fust War Centin will your service for War Grantiny and Fust War Centin will.

A Post Other Savings tank these will then be between the to you by the Head Other of the Prot Other Savings Bank.

7. Amendment of Address given for Payment of War Gratuity (and Post War Credit, if entitled).

to an address other than that which you gave on release for the purpose, you must advise the Accountant Officer at the Disperse Centre where you were released." Your letter should be in the following form:—

Number Sorrame (or store savresse)

Date of leaving

Class of Release (A or C). Dispersal Centre.

jand Post War Credits if applicable), to be sent to me at the following address:

Neutrat Post Office (if known)

If you fail to notify any change of address and less misapproperiation is caused thereby, the Air Ministry will not liable for such low or misappropriation.

OC DIVINI ANNUA

Queries on Emolyments

AUTHORISATION OF RELEASE.

Instructions to Class B release to separt the o

with Mesers ... 5

You will ordinarily be required to commence wink on the expiration of your leave, but you may if you've desire compression an earlier date.

O.C. Personnel Detackment, Dispersal Contra

REMOBILISATION INSTRUCTIONS

#### CLEARANCE CERTIFICATE

Rank F/O Number 185297



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Anyone finding this book is requested to hand it in to the nearest Police Station of forward in an UNSTAMPED envelope to:—

Under Sucretary of State for Air, Air Ministry G.A.R. Adastrai House, Kinggary LONDON

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