

ARMY BOOK X 802

Surname CULL

Initials J M

Army No. W/251604

**A.T.S. AND V.A.D.  
RELEASE BOOK**

**CLASS "A"**

Any person finding this Book is requested to hand it in to any Barracks, Post Office, or Police Station, for transmission to the Under Secretary of State, The War Office, London, S.W.1.

This book must be presented at the Post Office whenever you cash a postal draft or one of the drafts in your payment book, to enable the Post Office Official to record the date of payment on the inside page of the front cover.

## RELEASE—GREATCOAT VOUCHER

*Instructions to auxiliary.*

If you are returning your greatcoat to any railway station or to a unit notified to you at the Military Dispersal Unit, this page (which will be extracted by the Railway Company or a Unit) must be presented intact in this book with your greatcoat before the expiration of your Release leave, as shown on A.F. X 202D. The greatcoat should be neatly folded and tied with strong string.

Army No. W/251604  
Surname (Block Letters) CUHL (SAUNDERS)  
Christian Name/s JOAN MARY  
Present Rank PLC  
Coy. and Group F Coy L.I. bat Gp ATS  
Received from.....

\* Railway Company at ..... Station.

or

\* O.C. ....  
(Unit)

at .....  
(Address)

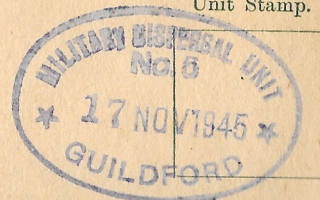
\* Strike out  
whichever is  
inapplicable.

the sum of £1 10s. 0d. (one pound ten shillings) in exchange for my military greatcoat which is returned herewith.

Signature of Auxiliary.....

Date .....

Military Dispersal  
Unit Stamp.



*Note.*—This arrangement is not applicable at London Passenger Transport Board stations.



PART I  
INSTRUCTIONS TO RELEASED PERSON  
MEDICAL TREATMENT AFTER LEAVING MILITARY DISPERSAL UNIT

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.

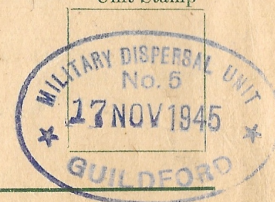
Do not detach the form from the book. The doctor will do this.

PART II—TO BE COMPLETED IN UNIT

Form Med. 50A

Military Dispersal  
Unit Stamp

Rank Pte Number W/251604  
Initials T.M. Surname (Block Letters) COLL  
Date of Birth 3. Jan 25 Sex Female (If a married woman, state maiden name) SAUNDERS.



The above-named individual left this Military Dispersal Unit on the date shown in the stamp opposite.

PART III

Available for three months from date of leaving Military Dispersal Unit.

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 Military Dispersal Unit 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 .....

Membership number.....

(Signature of released individual.)

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. (See also overleaf.)



#### HOSPITAL TREATMENT DURING FURLOUGH

If you need hospital treatment before the end of your release 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 military 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.

*Dental Treatment.* If you need dental treatment of an emergency nature, *e.g.*, for relief of pain or acute infection, during your leave, you should report to the nearest Army Dental Centre or military hospital. If you live over two miles from any such institution you may obtain such treatment from a civilian dental practitioner to whom you will show this Book and whose attention will be drawn to instructions below. The cost of any other form of treatment or of supply of dentures will NOT be met by W.D. unless prior sanction has been given by the War Office or the Deputy Director of Dental Service of the Command in which you live.

*For the information of Practitioner.* A soldier, or member (other than an officer) of the A.T.S. or of a V.A.D., may be given treatment of an emergency nature as above at Army expense up to the end of his leave. Cost of treatment given after leave expires will not be met by W.D. but will be the patient's liability.

The practitioner should claim for payment on Army Form O. 1667 which should be sent to the Asst. Director of Medical Services of the area in which the patient is living. Payment will be made for emergency treatment only, and at the rates admissible under the N.H. Ins. Act (Dental Benefit Regulations).

#### PART IV

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 individual 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 individual 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.

\* Delete where not applicable.

Date..... Signature.....

If doctor is to supply  
drugs he should enter  
DR here .....

If doctor claims mileage  
he should enter mileage  
distance here .....



THIRD FOLD HERE

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ON HIS MAJESTY'S SERVICE

**\*Officer i/c A.T.S. Records,  
Winchester,**

OR

**\*Officer i/c R.A.M.C. and  
A.D. Corps Records,  
Hammersmith.**

\* Strike out whichever is inapplicable.

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FOURTH FOLD HERE

Have you signed and dated your claim ?

TUCK IN THIS FLAP

SECOND FOLD HERE



**Note.** If there is insufficient space on the form for a full answer to any of the questions, you should write your answer on the back of the form.

# CLAIM FOR DISABILITY PENSION—OTHER RANKS (WOMEN)

THIS 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 Officer-in-Charge, A.T.S. Records, King Alfred's College, Winchester, or Officer-in-Charge, R.A.M.C., and A.D. Corps Records, Hammersmith, London, W.6.

Any pension granted on this application will commence on the day following the date of Release.

\* 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 (Block Letters)..... 2. Army No. ....

3. Christian Name/s.....

4. Present Rank ..... 5. Unit/Group.....

6. If you are a widow with children now under 16 years of age for whom you received family allowance at any time during service, give their particulars below:—

Children:—

Full Christian Name/s (and Surname where different from your own) and dates of birth.

1. ....

Date of birth.....

2. ....

Date of birth.....

3. ....

Date 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
7. What is the disability for which you claim pension? If a wound or injury, state when and where received, and part of the body injured.	
8. Give the names of the hospitals or other places at which you received treatment during service for this disability, and the dates as nearly as you can.	

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 below).



QUESTION	ANSWER
9. (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)
10. State what particular incidents or conditions of service you consider caused or worsened the disability.	(Write your answer on back of form.)
11. (a) With what unit were you then serving ? (b) Where were you then stationed ? (c) What was the precise nature of your duties at the time?	(a) (b) (c)
12. 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.	
13. 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.	

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)



## RELEASE LEAVE CERTIFICATE

Army No. W/251604 Present Rank Pte  
 Surname (Block Letters) CULL (SAUNDERS)  
 Christian Name/s John Mary  
 Coy. and Group/Unit F Coy No 1 Continental Group ATS  
 Date of \*Last enrolment 5.3.43 \*Calling up for military service.....  
 \*Strike out whichever is inapplicable.  
 (a) Trade on enlistment Dairy Book-keeper (c) Service Trade Clerk F.D. Group C Class III  
 (b) Trade courses and trade tests passed ATS Uks School AA Troop (d) Any other qualifications for civilian employment.....  
Overseas. F.D. Group C Class III 28.7.45  
 Military Conduct Very Good. (Not eligible for an award, owing to lack of service)  
 Testimonial: Pte Cull has been employed as a Confidential Clerk & has proved to be most reliable and efficient. He has a very nice personality.

Place 110. Bn Date 13 Nov 45 Coy. and Group/Unit No 1 Continental Gp ATS  
 Signature of Officer P. J. Allen  
 Signature of Auxiliary/Member P. J. Cull

- \* Army Education Record (including particulars under (a), (b), (c) and (d) below). —  
 \* This Section will not be filled in until receipt of further War Office Instructions.
- |                     |             |                                 |                            |
|---------------------|-------------|---------------------------------|----------------------------|
| (a) Type of course. | (b) Length. | (c) Total hours of instruction. | (d) Record of achievement. |
| (i)*                |             |                                 |                            |
| (ii)*               |             |                                 |                            |
| (iii)*              |             |                                 |                            |
| (iv)*               |             |                                 |                            |
- \* Instructors will insert the letter "I" here to indicate that in their case the record refers to courses in which they have acted as Instructors.

Signature of Unit Education Officer.....

## NOTES:

- (1) Further details of service and of medals to which entitled may be had on application to O. i/c Records, accompanied by the applicant's A.B.64, Part I.
- (2) If this certificate is lost or mislaid, no duplicate can be obtained.

THE ABOVE-NAMED PROCEEDED ON RELEASE LEAVE ON THE DATE SHOWN IN THE MILITARY DISPERSAL UNIT STAMP OPPOSITE

N.B.—A certificate (A.F. X 202/D) showing the date of transfer to the Unemployed List in the case of A.T.S. auxiliaries, and the termination of release leave in the case of V.A.D. members, will be issued by the Officer i/c Record Office. All personnel released are liable to recall if necessary during the continuing period of the emergency.

12 JAN 1946

RELEASE LEAVE EXPIRES ON \_\_\_\_\_

