

(Instructions for issue and compilation—see inside back cover)

AAB 87
(Introduced Aug., '45)

AUSTRALIAN MILITARY FORCES

Demobilization Procedure Book

No 505147

ARMY No. ^{5X} 35615 RANK ^{S/Sgt.} UNIT
SURNAME WILKSMORE L R.
OTHER NAMES LINDSAY REGINALD
HOME ADDRESS 7 ROOKUNGA AVE WOODVILLE
DATE ISSUED 26/8/46 MEMBER'S SIGNATURE L R Wilksmore

DEMOBILIZATION INDICATOR

(See para. 60 of Orders for Demobilization of AMF)

STATE OF DISCHARGE	RE-ESTABLISHMENT	PRIORITY
Insert letter N, V, Q, S, W, or T, and if female member, letter F	Insert letters M, D, T, A, or N, whichever are applicable	Insert number of points allotted followed by letter S or D if applicable
	<u>N</u>	<u>108</u>

By Authority: NSW L of C Press—1/46—30M.

ADVICE TO THE MEMBER

1. This Book is designed to facilitate the action necessary to your Demobilization, and it is essential to the procedure through which you have to pass before being issued with your Discharge Certificate. Its loss would certainly occasion you considerable inconvenience and it should, therefore, be as closely guarded as your Pay Book.

2. A study of the forms will make much of the Demobilization procedure and its sequence clear to you; and it will be obvious that, by the exercise of intelligent co-operation, it is in your power to make that procedure easier for yourself and those whose duty it is to take action necessary at the various stages, and to expedite your Demobilization.

3. After leaving your unit for Demobilization, you will proceed first to the LTD in the State in which your discharge is to be effected. At the LTD unless certain special circumstances exist, you will be granted permission to "live out" for a definite period prior to being passed on to the AMF Discharge Depot. In order that the flow of personnel into the AMF Discharge Depot may be regulated however, LTD may recall you before the expiration of the period, or may extend such a period. In either case, you will receive Form 9 of this Book, which will be detached before you leave the LTD. **IT IS IMPORTANT THAT YOU REPORT BACK ON THE DATE ORDERED. IF YOU DO NOT DO SO YOU MAY PREJUDICE YOUR RIGHTS TO CERTAIN BENEFITS.**

To be completed — detached and handed to Postal
Orderly before leaving Unit.

AUTHORITY FOR DISCHARGE

FORM 2

a) No. ^{SX} 35615 RANK S/Sgt NAME WILKINSMORE K R.

has been allotted 108 Priority Points and is available for discharge.

b) Special Priority has been allotted by HQ Memo 53366.
(Authority) of 10/7/46

on account.....

c) In accordance with "Orders for Demobilization of the AMF" authority is given for the discharge of the abovementioned member of the AMF.

26/8/46 Date 26/8/46 UNIT
(Commanding)

*(Strike out if not applicable.)

To be completed before leaving Unit.

AUTHORITY FOR DISCHARGE

FORM 2

(a) No. ^{SX} 35615 RANK S/Sgt NAME WILKINSMORE R. R.

has been allotted 108 Priority Points and is available for discharge.

*(b) Special Priority has been allotted by HQ Memo 53366.
(Authority) of 10/2/48

on account.....

(c) In accordance with "Orders for Demobilization of the AMF" authority is given for the discharge of the abovementioned member of the AMF.

26/8/48 Date 26/8/48 UNIT
(Commanding)

*(Strike out if not applicable.)

UNIT PROCEDURE

(Each panel to be signed by appropriate officer and Unit date stamp entered.)

To be completed before leaving Unit.

No. 5X35615 RANK S/Sgt. NAME Hillmore L.R.

No., Rank and Name entered on all Procedure Forms <i>26 AUG 1946</i>	Rehabilitation Booklet issued <i>[Signature]</i>	Dental Exam. I.5033 completed <i>[Signature]</i> <i>AUG 26 1946</i>	Medical Exam. D.2/D.2(a) prepared and specialists' reports obtained <i>[Signature]</i> <i>AUG 26 1946</i>
Dispersal Data Form 16 & 16A completed and Form 16 sent to Discharge Depot at <i>X</i>	Q. Adjustments procedure (Form 12) completed <i>26-6-46</i> <i>[Signature]</i>	A.A.F. A.102/A.209 com- pleted for despatch to Ech. & Rec. at <i>4 M.D.</i> <i>26 AUG 1946</i>	All documents checked, completed to date and member marched out to <i>RR & G.D.D.</i> <i>26 AUG 1946</i>

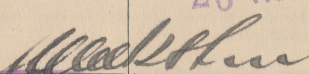

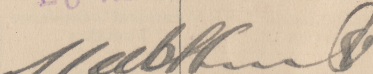
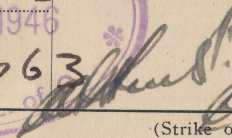
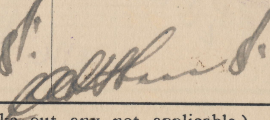
(Strike out any not applicable.)

LTD PROCEDURE

(Each panel to be signed by OC Section and Unit date stamp entered.)

No. 5x35615 RANK Sgt. NAME William R.

To be completed at LTD.

Marched in. Documents checked	"Living out" is— (a) PERMITTED (b) NOT PERMITTED	Forms 7, 8, 9 (a) CANCELLED (b) COMPLETED and Pass issued	Advance of Pay made
26 AUG 1946 	26 AUG 1946 	26 AUG 1946 	26 AUG 1946
X-Ray film of chest taken	Marched in from "Living Out"	Marched out to AMF Discharge Depot	
Film No. <u>50723</u> Spool No. <u>X63763</u>	26 AUG 1946 	26 AUG 1946 	26 AUG 1946

(Strike out any not applicable.)

THE MEMBER

YOU ARE SPECIALLY INTERESTED IN THE FOLLOWING

For proceeding to "live out" you must ensure that:—

- (a) You have a pass permitting you to "live out."
- (b) Pay and Subsistence Allowance are credited in your Pay Book for the "living out" period.
- (c) You have drawn sufficient pay for the period (any amount up to that credited in your Pay Book).
- (d) You have received a supply of food coupons for the "living out" period.

Whilst "living out" your CO will be the CO of the LTD to whom all communications should be addressed.

Any necessary medical attention whilst "living out" will be provided by your local Medical Officer.

Should it be necessary for you to be admitted to hospital, it is most important that you advise your CO at the LTD giving him details of the following:—

- (a) Name and address of hospital.
- (b) Particulars of the injury or illness from which you are suffering.
- (c) Estimated date of your discharge from hospital and when you are actually discharged you must again advise your CO.

WHEN YOU REPORT BACK MAKE SURE YOU BRING ALL OUTSTANDING ITEMS OF EQUIPMENT SHOWN IN YOU AAB 83/F.204.

TO THE MEMBER**YOU ARE SPECIALLY INTERESTED IN THE FOLLOWING**

Prior to proceeding to "live out" you must ensure that:—

- (a) You have a pass permitting you to "live out."
- (b) Pay and Subsistence Allowance are credited in your Pay Book for the "living out" period.
- (c) You have drawn sufficient pay for the period (any amount up to that credited in your Pay Book).
- (d) You have received a supply of food coupons for the "living out" period.

2. Whilst "living out" your CO will be the CO of the LTD to whom all communications should be addressed.

3. Any necessary medical attention whilst "living out" will be provided by your local Area Medical Officer.

4. Should it be necessary for you to be admitted to hospital, it is most important that you advise your CO at the LTD giving him details of the following:—

- (a) Name and address of hospital.
- (b) Particulars of the injury or illness from which you are suffering.
- (c) Estimated date of your discharge from hospital and when you are actually discharged you must again advise your CO.

5. WHEN YOU REPORT BACK MAKE SURE YOU BRING ALL OUTSTANDING ITEMS OF EQUIPMENT SHOWN IN YOU AAB 83/F.204.

To be completed by LTD or cancelled if member not permitted to "live out."

FORM 8

AUTHORITY TO ENGAGE IN CIVILIAN EMPLOYMENT DURING "LIVING-OUT" PERIOD

No. 5x35615 RANK Sgt. NAME Hillman L.R.
is permitted to "live out" during the period shown on his pass.

During this period the member may:—

- (a) Enter employment or engage in any vocation desired.
- (b) Wear civilian clothing or the uniform of the AMF.

The employer is advised that the member will be required to report to the AMF Discharge Depot at some future date which will necessitate his absence from employment for a few days.

DATE

Commanding LTD

POSTAL ADDRESS OF LTD
(See instructions on Form 7)

Address to be entered prior to member's departure to "live out"—detached by LTD. To be cancelled if member not permitted to "live out."

FORM 11

LEAVE CREDITS

Rank NAME *Ally Williams*
 is the following leave accumulations to
 credit as at **AUG 28 1946** (effective
 date of discharge)

Type of Leave. No. of Days

Recreation 2

War Service _____

Re-establishment 30 32

Hughes UNIT *4th* DATE
C. DEMOB. COY.
4th M.D. B.R. & C.D.
 Commanding

Depot Cash Office

Date

AUG 28 1946

To be detached by Leave Section and paid to Depot Cash Office.

15

FORM 12

MENT AND CLOTHING ON UE

AME *Williams R.*

MENT and CLOTHING remaining on
 de his AAF F204 and/or AAB 83 were
 (date) *WTH*

e either been returned or satisfactorily

DATE *Matthews*
 Commanding

To be completed by Leave Section, Discharge Depot.

FORM 11

LEAVE CREDITS

5855615 *4/4* *William*
No. *5855615* RANK *4/4* NAME *William*
has the following leave accumulations to
his credit as at **AUG 28 1946** (effective
date of discharge)

Type of Leave.	No. of Days
Recreation	<u>2</u>
War Service	<u> </u>
Re-establishment	<u>30 32</u>

W. Hughes
UNIT *4th M.D. BR. & C.O.D.* DATE

OC Depot Cash Office

Date

AUG 28 1946

To be detached by Leave Section and passed to
Depot Cash Office.

15

FORM 12

MENT AND CLOTHING ON UE

NAME *William*

MENT and CLOTHING remaining on
side his AAF F204 and/or AAB 83 were

(date) *W.H.*

e either been returned or satisfactorily

DATE *Matthew*

Commanding

To be completed by LTD or cancelled if member not permitted to "live out."

AUTHORITY TO ENJOY DURING

No. 5x35615 RANK Sgt
is permitted to "live out" during

During this period the member

- (a) Enter employment or
- (b) Wear civilian clothing

The employer is advised that the
Discharge Depot at some future
employment for a few days.

DATE

POSTAL
(See instructions)

CERTIFICATE—ARMS, EQUIPMENT AND CLOTHING ON ISSUE

No. 5x35615 RANK S/Sgt NAME Hillman, R.

I certify that all items of ARMS, EQUIPMENT and CLOTHING remaining on charge to the abovementioned member vide his AAF F204 and/or AAB 83 were in his possession on 27 AUG 1946 (date) WHA

All other items previously on issue have either been returned or satisfactorily accounted for.

To be completed before leaving Unit.

4th M.D.
B.R. & G.D.D.

UNIT 27 AUG 1946

DATE Matthew S
Commanding

To be completed by Discharge Depot Cash Office which
withdraws Pay Book.

RECEIPT FOR PAY BOOK

Received from—

No. 553615 RANK S/Sgt. NAME William A. R.

Pay Book No. C287113 for purpose of finalizing his pay account.

UNIT _____ DATE Jan 28 1946 OC [Signature]
Depot Cash Office

AUG 28 1946

EDUCATION RECORD

No. *SV35615*RANK *Sgt*NAME *Hillman, R.*

Stage	Institution	Course	Attendance (in years)	Standard Reached (Grade or Class)	Exam. Passed (4)	Year of Passing
Primary						
(1) Secondary (Day Time)						
(2) Tertiary						
(3) Evening Tuition or Home Study						

- (1) In case of "Secondary" Course, state whether—General, Technical, Commercial, Agricultural, or Domestic Science.
- (2) TERTIARY INSTITUTION may be—University, Teachers' College, Technical College (Diploma Level), Agricultural College, Conservatorium of Music, etc.
- (3) Evening Classes at Tech., or Trades School, or courses done by class attendance or by correspondence through a non-state institution.
- (4) The final examination at end of the stage concerned.

Pre-enlistment Occupation (State if apprenticed)	Period Engaged (in years)	Status in Occupation at Enlistment

(To be completed under supervision of U.E.O.)

Signature of Member.....

Study done Through A.A. Education Service	Course	Institution	Date of Enrolment	Standard Reached
BY CORRESPONDENCE				
BY CLASS ATTENDANCE AT AN INSTITUTION				
AT A.A.E.S. IN THE FIELD				

TYPE OF WORK DONE IN ARMY

FOR HOW LONG HAS MEMBER
DONE THIS WORK?

TRADE GROUP

TRAINING
DESIRED
UNDER
C.R.T.S.

FULL-TIME

PROFESSIONAL:

VOCATIONAL:

PART-TIME

PROFESSIONAL:

VOCATIONAL:

REFRESHER

NOTE:—U.E.O.s will sign this record shortly prior to date member marches out for dispersal.

Sgd.....
Unit Education Officer

Date.....

(Strike out any not appropriate)

VOCATIONAL GUIDANCE REPORT

To No. 535615 RANK S/Sgt NAME Hillmore A.P.

You are advised as follows:—

.....

.....

.....

.....

.....

.....

.....

.....

Specimen signature.....

Date.....Psychologist

(See notes and conditions on back)

VOCATIONAL GUIDANCE REPORT—Notes:

1. This report may be used as a testimonial.
2. Aptitude test results, previous civil employment, service experience and such factors as ambition, educational achievements, temperament, personality, interests, hobbies, physique and health have all been carefully considered in making the recommendations given.
3. These recommendations do not in any way commit the Army, or any civil authority to provide employment within the fields given.
4. Should you desire a further interview to discuss any matters concerning your career about which you are still uncertain, you should seek advice from your Education Officer, or if discharged,

from.....

.....

To be completed under supervision of U.E.O., detached
and despatched by quickest means to Rehab. at
appropriate Discharge Depot.

DISPERSAL DATA FORM

FORM 16

ARMY No. 535615 RANK 1st Lt UNIT 1st

NAME Willson, R

DEMOB. INDICATOR

5

108

Med Class..... Trade Group..... Date of Birth...../...../.....

Marital Status..... No. of Dep..... Commenced Full-
Time War Service...../...../.....

A. Employment Immediately Prior to Commencing Full-Time Service

Employer's Name..... Nature of Business
Industry.....

Business Address..... Period Emp..... Years..... Months

Were you employed by the abovenamed employer for 28 days during
56 days immediately prior to commencing full-time service? YES/NO.

Nature of Occupation.....

Indicate (i) if self-employed ☐ or worker on own account ☐
(ii) if casual worker ☐ or seasonal worker ☐ or apprentice ☐

If not employed immediately prior to service indicate whether:—

Student ☐ Home Duties ☐ Unemployed ☐ Retired or Independent
means ☐

..... (Date)

..... Signature

B. Employees indicate if intend to seek reinstatement ☐ or revival of apprenticeship ☐

Self-Employed indicate if you desire to return to/re-establish your business/farm ☐

C. For those not completing Part B.

Indicate (i) if desirous of accepting employment ☐ with—

Employer's Name.....Nature of Business
Industry

Business

Address

.....
or (ii) if commencing new business ☐ if commencing farming on
own account ☐ if no occupation in view ☐

Normal Civilian Occupation.....

D. Indicate if interested in assistance re—

University type Trg ☐ Vocational Trg ☐ Rural Trg ☐

Land Settlement ☐ Establishing a Business ☐

Tools of Trade ☐ Housing ☐ Employment ☐

If interested in training state course.....

Did you interrupt this course to enlist YES/NO.

DISPERSAL DATA FORM

ARMY No. 5x35615 RANK Sgt UNIT SR
 NAME Hillmore

DEMOB. INDICATOR	
<u>5</u>	<u>108</u>

Med. Class..... Trade Group..... Date of Birth...../...../.....
 Marital Status..... No. of Dep..... Commenced Full-Time War Service...../...../.....

A. Employment Immediately Prior to Commencing Full-Time Service

Employer's Name Nature of ^{Business} Industry.....
 Business Address Period Emp..... Years..... Months.....

Were you employed by the abovenamed employer for 28 days during 56 days immediately prior to commencing full-time service? YES/NO.

Nature of Occupation.....

Indicate (i) self-employed ☐ or worker on own account ☐
 (ii) if casual worker ☐ or seasonal worker ☐ or apprentice ☐

If not employed immediately prior to service indicate whether:—

Student ☐ Home Duties ☐ Unemployed ☐ Retired or Independent ☐
 (Date) Signature

To remain in book.

B. Employees indicate if intend to seek reinstatement ☐ or revival of apprenticeship ☐

Self-Employed indicate if you desire to return to/re-establish your business/farm ☐

C. For those not completing Part B.

Indicate (i) if desirous of accepting employment ☐ with—

Employer's Name.....Nature of Business
Business Industry
Address

or (ii) if commencing new business ☐ if commencing farming on own account ☐ if no occupation in view ☐

Normal Civilian Occupation.....

D. Indicate if interested in assistance re—

University type Trg ☐ Vocational Trg ☐ Rural Trg ☐ Land Settlement ☐ Establishing a Business ☐ Tools of Trade ☐ Housing ☐ Employment ☐

If interested in training state course.....

Did you interrupt this course to enlist? YES/NO.

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INSTRUCTIONS

1. The Issuing Officer will enter the member's Army No., Rank, and Name in all places provided throughout the Book, names being entered in block letters throughout.
2. Particular attention must be paid to the instructions contained in the margin of each form, which must be adhered to implicitly.
3. Form 10 has been deleted from the Book.
4. The blank pages provided at the end of the Book are for the use of the member, who may make any notes he wishes thereon.
5. Should any further clarification be desired, see appendix 'G' to "Orders for Demobilization of the AMF."
6. To be issued only when member becomes available for dispersal.

X.R.P.