

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

AAB 87

(Introduced Aug., '45)

AUSTRALIAN MILITARY FORCES

Demobilization Procedure Book

Nº 216364

ARMY NO. ^{SX} 15148 RANK L/CPL UNIT 2/7 Aust Cav (Coo) REST

SURNAME FARRELL

OTHER NAMES ALAN MAXWELL

HOME ADDRESS 17 BROUGHAM COURT N. ADELAIDE

DATE ISSUED 27/6/45 MEMBER'S SIGNATURE A. V. Farrell

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
S	M	183

By Authority: L.H.Q. Press—2677—8/45—250m.

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.

FORM 2

AUTHORITY FOR DISCHARGE

(a) No. SX 15148 RANK... L/CPL NAME... FARRELL A.M.
has been allotted... 183... Priority Points and is available for discharge.

* (b) Special Priority has been allotted by... R253A(1)(N)
(Authority)
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.

23 / 11 / 45 Date W. J. K. [Signature] (Commanding)
* (Strike out if not applicable)

To be completed before leaving Unit.

RR & G D I UNIT
WAYVILLE

UNIT PROCEDURE

FORM 3

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

No. SX 15148 RANK... L/CPL NAME... FARRELL A.M.

No., Rank & Name entered on all Procedure Forms <u>W. J. K. [Signature]</u> <u>27 Oct 45</u>	Rehabilitation Booklet issued <u>[Signature]</u>	Dental Exam. I.5033 completed <u>23 Nov 45</u> <u>[Signature]</u>	Medical Exam. D.2/D.2(a) prepared and specialists reports obtained <u>[Signature]</u> <u>27/11/45</u>
Dispersal Data Form 16 & 16A completed and Form 16 sent to Discharge Depot at <u>[Signature]</u>	Q. Adjustments procedure (Form 12) completed <u>[Signature]</u> <u>27 Oct 45</u>	A.A.F. A.102/A.209 completed for despatch to Ech. & Rec. at <u>[Signature]</u> <u>NOV 28 1945</u>	All documents checked, completed to date and member marched out to <u>[Signature]</u> <u>NOV 28 1945</u>

(Strike out any not applicable)

To be completed before leaving Unit.

LTD PROCEDURE

FORM 4

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

No. SX 15148 RANK... L/CPL NAME... FARRELL A.M.

Marched in. Documents checked <u>NOV 26 1945</u> <u>[Signature]</u>	"Living out" is— (a) PERMITTED (b) NOT PERMITTED <u>NOV 28 1945</u> <u>[Signature]</u>	Forms 7, 8, 9 (a) CANCELLED (b) COMPLETED and Pass issued <u>NOV 28 1945</u> <u>[Signature]</u>	Advance of Pay made <u>NOV 28 1945</u> <u>[Signature]</u>
X-Ray film of chest taken Film No. <u>57984</u> Spool No. <u>238469</u>	Marched in from "Living Out" <u>NOV 28 1945</u> <u>[Signature]</u>	Marched out to AMF Discharge Depot <u>NOV 30 1945</u> <u>[Signature]</u>	<u>NOV 28 1945</u> <u>[Signature]</u>

(Strike out any not applicable)

To be completed at LTD.

AMF DISCHARGE DEPOT PROCEDURE

FORM 5

(Each panel to be signed by OC Section Discharge Depot and date stamp entered)

No. SX15148 RANK L/CPL NAME FARRELL A.M.

Reported to Reception Coy. Documents checked <u>NOV 30 1945</u>	Entered on Nominal Roll No. <u>1176/45</u> <u>NOV 30 1945</u>	Reported to Disposal Coy. <u>NOV 30 1945</u>	Dental Exam. <u>Dr. Norris</u> <u>W. K. Marshall</u> <u>1 CPL</u>
Rehabilitation Interview	Vocational Guidance Interview	Leave Section, Form 11 completed <u>NOV 30 1945</u> <u>8/0</u>	Q. Section issues adjusted <u>3 DEC 1945</u>
Depot Cash Office Pay finalized, Z.19 initiated <u>3/14/47</u>	Disposal Coy. Date of Discharge <u>DEC 3 1945</u>	Ech. & Rec. Discharge Certificate, etc. issued <u>DEC 3 - 1945</u> <u>19</u>	Transit Coy. Reported..... Marched out..... <u>DEC 3 1945</u>

(Strike out any not applicable)

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INTER-SERVICE AND CIVIL PROCEDURE

FORM 6

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

No. SX15148 RANK L/CPL NAME FARRELL A.M.

MEDICAL WING			
Medical Board <u>3 DEC 1945</u> <u>ADELAIDE</u>	Repat. Pensions claim lodged <u>3 DEC 1945</u>	Repat. Medical attention arranged <u>3 DEC 1945</u>	Social Services - Medical attention arranged

CIVIL RE-ESTABLISHMENT WING	
Reported for re-establishment action <u>3 - DEC 1945</u>	Re-establishment action completed <u>3/12/45</u> <u>N.S.</u>

(Strike out any not applicable)

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FORM 7

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 YOUR AAB 85/F.204.

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

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

No. SX15148 RANK L/CPL NAME FARRELL A.M.
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)

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

DEMOB INDICATOR			
5		18	
Living out			
From	/	To	/

Stamp

To
No. SX15148 RANK L/CPL NAME FARRELL A.M.

ADDRESS.....
(whilst living out)

YOU ARE NOW REQUIRED TO REPORT BACK TO THIS UNIT ON

.....(DATE) at.....(hours)
instead of.....(DATE) at.....(hours)
Should any unforeseen circumstances make it impossible for you to report on the date and time advised you must notify this HQ at the earliest possible moment.

.....DATE.....
.....
Commanding LTD

POSTAL ADDRESS OF LTD

To be completed by Leave Section, Discharge Depot.

LEAVE CREDITS

SX15148 FARRELL A.M.
NO.....RANK L/CPL NAME.....
has the following leave accumulations to his credit as at (effective date of discharge)

Type of Leave	No. of Days
Recreation	<u>26</u>
War Service	<u>23</u>
Re-establishment	<u>30</u>

..... UNIT DATE
.....
DISCHARGE DEPOT.
OC, Depot Cash Office Date

T AND CLOTHING ON ISSUE

FARRELL A.M.

ENT and CLOTHING remaining on \$ AAF F204 and/or AAB 83 were in \$.....(date)

either been returned or satisfactorily

.....
Commanding

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

YOU ARE NOW REQUIRED TO R

.....(DATE) ..
 instead of.....(DA
 Should any unforeseen circumstances m
 the date and time advised you must r
 moment.

.....DATE.....

POSTAL ADDR

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FORM 12

CERTIFICATE — ARMS, EQUIPMENT AND CLOTHING ON ISSUE

No. SX 15148 RANK L/CPL NAME FARRELL A.M.

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 28 Oct 1945 (date)

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

To be completed before leaving Unit.

R.R. & G.D.D.
27 Cav. Ado Reg
WA.....UNIT.....

DATE 28-10-45
James Bullock
 Commanding

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

RECEIPT FOR PAY BOOK

FORM 13

Received from—

No. SX 15148 RANK L/CPL NAME FARRELL A.M.

Pay Book No. 2310268 for purpose of finalizing his pay account.

Discharge Dep.....UNIT 3-12-45 DATE 28 Oct 45
 Depot Cash Office for

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EDUCATION RECORD

FORM 14

No. SX 15148 RANK L/CPL NAME FARRELL A.M.

Stage	Institution	Course	Attendance (in years)	Standard Reached (Grade or Class)	Exam. Passed (4)	Year of Passing
Primary	<u>STATE</u>	<u>-</u>	<u>-</u>	<u>7TH.</u>	<u>R.C.</u>	<u>1934</u>
(1) Secondary (Day Time)						
(2) Tertiary						
(3) Evening Tuition or Home Study						

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

Pre-Enlistment Occupation (State if apprenticed)	Period Engaged (In years)	Status in Occupation at Enlistment
<u>COACH PAINTER</u>	<u>5</u>	<u>COACH PAINTER.</u>

Signature of Member A.M. Farrell
 (To be completed under supervision of U.E.O.)

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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 **RIFLEMAN** FOR HOW LONG HAS MEMBER
DONE THIS WORK? _____ MEMBER
TRADE GROUP _____

TRAINING DESIRED UNDER C.R.T.S.	FULL-TIME	PROFESSIONAL:
	PART-TIME	VOCATIONAL:
	REFRESHER	PROFESSIONAL:
		VOCATIONAL:

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

(Strike out any not appropriate)

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Sgd. *E. M. Lumbard*
Unit Education Officer

Date *27 Oct 45*

VOCATIONAL GUIDANCE REPORT

Form 15

To No. *SX 15148* RANK *L/CPL* NAME *FARRELL A. M.*

You are advised as follows—

Specimen signature.....

Date..... Psychologist

(See notes and conditions on back)

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VOCATIONAL GUIDANCE REPORT — Notes:

- This report may be used as a testimonial.
- 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.
- These recommendations do not in any way commit the Army, or any civil authority to provide employment within the fields given.
- 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.....

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DISPERSAL DATA FORM

Form 16A

ARMY No. *SX 15148* RANK *L/CPL* UNIT *477857 CAB. REGT.*

NAME *FARRELL ALAN MAXWELL* DEMOB INDICATOR

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Med Class *A1* Trade Group..... Date of Birth *24/3/20*

Marital Status *MARRIED* No. of Dep. *1* Commenced Full-Time War Service *10/11/41*

A. Employment Immediately Prior to Commencing Full-Time Service

Employer's Name *COLTON PAINTS & PRESTON* Nature of Business *IRON MONGERY*

Business Address *SOUTH WARK ADELPHIDE* Period Emp. *5* 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 *COACH PAINTER*

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

27 Oct 45 (Date) *A. M. Farrell* Signature

To remain in book.

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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. S.A. RAILWAYS 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..... COACH PAINTER

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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NOTES

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NOTES

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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 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.