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ROBBIE JOSEPH EMANUEL: Service Number - N377456: Date of birth - 05 Jan 1895: Place of birth - CHOTLEY BRIDGE ENGLAND: Place of enlistment - CROOKWELL NSW: Next of Kin - ROBBIE MIMIE

A.A. Form Mob. 1. (Revised Dec., 1941.)

MILITARY FORCES.

ATTESTATION FORM

To be filled in for all Persons at the Place of Assembly when called out under Parts III or IV of

Army No. N377456	n voluntarily enlisted.
Army No	rigina Names Joseph Emanuel
(BLOCK CAPITALS.)	istian Names
Unit	
Enlisted for war service at Crookw	(State) 7. (Place)
A A	(State) (Date)
Questions to be put to persons called out	
1. What is your name? D. 1	1. Surname ROBBIE (BLOCK CAPITALS.) Other names Joseph Emanuel
2. Where were you born?	2. In or near the town of CHOTLEY BRIDGE
	In the state or country of ENGLAND
3. Are you a British subject?	3. Yes
4. What is your age and date of Diviler Card	4. Age. 47 yrs 2 months
The fibre has the Carle many	Date of Birth 5th January, 1895
5. (a) What is your normal trade or occupation? Grade if any?	5. (a)
(b) Present occupation P.O. 6. 7. date	(b) BREADCARTER
6. (a) Are you married, single or widower?	6. (a) Married
(b) If married state date of marriage?	(b)
7. (a) Have you had previous Naval, Military or Air Force service either in peace or war? If so, where and in what arm?	7. (a)
(b) What was the reason for your discharge?	(b)
(b) what was the reason for your discharges	/ 8. NameMimie Melva Robbie,
9. Who is many actual most of him? (Only of relative him	Address Oram & Bray Sts,
8. Who is your actual next of kin? (Order of relationship.—wife, eldest son, eldest daughter, father, mother, eldest	CROOKWELL.
brother, eldest sister, eldest half-brother, eldest half-sister)	
	Relationship. WIFE
9. What is your permanent address?	9. Oram & Bray Sts,
10. What is your religious denomination? (This question need	CROOKWELL.
not be answered if the man has a conscientious objection to doing so)	} 10
11 Which is any of the fall in The circle and the circle	1. Certificate for entry to Secondary School 100
11. Which, if any, of the following Educational Qualifications do you possess?	2. Intermediate
The second secon	3. Leaving 10
Company of the second s	4. Leaving Honours
the Company of the service of the set of Fig.	5. Technical ~
	6. University Degree
	7. Other Diplomas W
12. Have you ever been convicted by a Civil Court?	12
If so—(a) What Court?	(a)
(b) For what offence?	(b)
I, JOSEPH EM	ANTIRI DADDIR
above answers made by me to the above questions are true	do solemnly declare that the
Witnessed by	6 12000
*The person will be warned that should he give talse answers to a	Signature. any of these questions he will be liable to heavy penalties under

18378 3.42 St 3604 A. H. Pettifer, Acting Govt. Printer

MEDICAL EXAMINATION.

I have made full and careful examination of the above Standing Orders for Australian Army Medical Services. In m	named person in accordance with the instructions contained in the y opinion he is—*
1. Fit for Class T.	FEA SEED LASIMADING
2. Temporarily unfit for Class I f	The Action was a fine of a control of the state of the st
3. Fit for Class II. A. V. D. C	V A TANK
4. Temporarily unfit for Class II +	
- TT 0- 1	
PlaceCROOKWELL	Date. 96. 3. 4 ~
Signature of Examining Medical Offic	Date. 96. 3. 4 - 8
*Classifications which are inapplicable to be struct	out. Jakeasons for unfitness to be stated.
	C FAIR SALE
OATH OF	ENLISTMENT.‡
being members of the Active Citizen Military Forces to pulsory for serving members of the Forces or those a	n under Part III or Part IV of the Defence Act, and not to serve in the Citizen Forces in time of war. Not com- llotted to the Citizen Forces under Part XII of the Act, should be administered to them as part of the ceremony
TO SEE CASSILLA CONTRACTOR OF THE PARTY OF T	T DODDER
the duration of the present time of war, or until soone	swear that I will well and truly dilitary Forces of the Commonwealth of Australia for erlawfully discharged, dismissed, or removed, and that I esty's peace to be kept and maintained, and that I will in tharge my duty according to law.
So Help	Me God!
	. a C D 00.
Signature of Person Enliste	a J.E. Robbie
Subscribed at CROOKWELL	in the State of N.S.W.
this 26th day	
and the state of t	1 2.0
Before me— Signature of Attesting Office	15 Tupo Duble
In such case the above form will be amended accordingly and	nation in accordance with the Third Schodule of the Defence Act. initialled by the Attesting Officer.
Can you—	() W () 10 () 0
(a) Drive a motor car?	(g) Write shorthand?
(c) Ride a motor cycle?	(h) Keep accounts? ho
(d) Make running repairs?	(i) Undertake clerical duties? %
(e) Cook?	(j) Play band instrument? (state instru-
(f) Use a typewriter? ho	ment) No
Have you any experience in—	
(a) Signalling—Wireless?	(b) First Aid to injured? Wo
" Morse Code? LQ.	(c) Nursing? Wo (d) Butchering? Wo
	(a) Buttenering
Have you— (a) Submitted a National Register	(c) Enrolled under Part IV D.A. for
Card? Yes	Universal Service? Yes
(b) Changed your address or occu- pation, since filling in National	(d) If so in which Area? 3 A V.D.C.
Register Card? 100	

A.F. B.103-1 (Adapted)

SERVICE AND CASUALTY FORM

Army No. 11377456 Unit to BN VPDPC P.T.D.

ROBBIE (Block Capitals)

Surname

MARRIED.

Marital Condition

JOSEPH EMANUEL

Christian Names.

Phi year

Rank

MIMIE MELVA ROBBIE.

ORAM & BRAY STS.

CROOKWELL.

WIEE.

Eyes

Distinctive Marks.

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Next of Kin.

CROOKWELL N. S. W.

26.3.42.

Date of Enlistment.

Place.

Date and Place of Birth 6.1.1895. CHOTLEY BRIDGE ENGLANDAddress of Next of Kin

M.S.

Trade or Occupation.

Religion.

WRITTEN IN THIS

BREADCARTER.

Identification-Color of Hair

Relationship

Medical Classification—Class I. (On Enlistment)

Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Sitations, &c., Date of disembarkation and embarkation from a theatre of war (including furlough, &cc.).

Place of Casualty

Authority W.3011, B.2069, or other Document

Initials of Officer Certifying Correctness of Entries

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REPORT	From whom received	 																			
REP	Date																	•			



COVER FOR PERSONAL DOCUMENTS.



		Army N	o. N377456
Surname	ROBBIE		
	(BLOCK CAI	PITALS.)	
Other names_	Joseph Em	anuel	
Rank	U	nit	V.7.C.P.(1.7)

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Other names		Surname	
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A.A. Form, M.3A. (Introduced December, 1940).

OF AUSTRALIA

Enrolment Form for Military Service for Home Defence

(Defenc Act 1903-1939-Part IV)

PERSONAL INFORMATION.							
Name of Person (Surname (block letters) ROBBIE							
to be Enrolled Other Names (in full) JOSEPH EMANUEL							
Date of Birth JAMURARY 5TH day of 1895							
Town and Country of Birth CHOTLEY - BRIDGE ENGLAND							
Nationality BRITISH							
Postal Address of Place of Abode ORAM AND BRAY STS ROOK WELL State N. S. W.							
(Any subsequent Change of Address should be at once notified to the Area Officer of the Area in which enrolled.)							
Full particulars of any previous Naval, Military, or Air Force Service 34 Years Infuntry A.I.F.							
Martial Condition (married, single, or widower) MARRIED (Persons subsequently marrying should at once notify the Area Officer of the Area in which they are enrolled.)							
Dependants (if any) WIFE and DAUGHTER 12 7m							
(Any subsequent change from or to a Reserved Occupation should be notified at once to the Area Officer of the Area in which enrolled.) Trade (and Grade, if any) Present Occupation BREDCARTER Initials and Name of Employer N. E. WAKELY Postal Address of Employer 9001BURN ST CROOK WELL							
INFORMATION REGARDING NEXT OF KIN. Name of Next of Kin Other Names (in full) Nationality BRITISH							
Data Codia a Tida							
Postal Address of Place of Abode ORAM AND BRAY 570 CROOKWELL N.S. W							
If exemption from military service is claimed, state the reason below:—							
CERTIFICATE							
I Certify that to the best of my knowledge and belief, the foregoing statements are true in every respect.							
Dated. Q./. 3/19.4.2 (Signature of Person making the Enrolment.)							
If you have any preference for any arm, or unit, state same.							

No 3. Anos Offices. Gouldum

AREA OFFICER,

GMATS

.Z.M.H.O

Enrolment Form for Military Service for Home Defence

EXPLANATORY NOTES

- 1. The law requires every person liable to enrol to fill in an enrolment form and send it by post or deliver it to the area officer of the area in which he resides, or to the nearest area officer, or to a postmaster.
- 2 Refusal or neglect to give information required by any officer or person in order to enable him to comply with the provisions of the Defence Act relating to enrolment, or giving false information, is an offence. The penalty is imprisonment for three months or ten pounds for each item of information demanded and refused or neglected to be given, or falsely given.

1-P. e 26.3 de 26.3 de

AUSTRALIAN



MILITARY FORCES

N.T. 1. 1	TT.	01	C	1277156
Medical	History	Sheet	OI (Army	, No.) 4377456

Surname (in capitals)	Christian Names
Age 47 Wasts 2 months Date of birth 5-1-95	Birthplace CHOTLEY BRIDGE ENGLAND.
Occupation BREADCARTER	B.li.i. Di.i.
Occupation BREADCARTER	Religious Denomination
Complexion Gair Colour of hair Ga	
Distinctive marks, and marks indicating congenital peculiarities or previous disease	
)	NOT
TABLE	I:
1. Are you now suffering from any disease or disability?	
2. Have you ever suffered from any of the following illnesses?	
(a) Rheumatic Fever to	(i) Kidney Disease 100
(b) Weak Heart or Heart Disease 200	
(c) Tuberculosis or Consumption	
(d) Spitting of blood 200	(1) Dysentery W
(e) Pleurisy	
(f) Asthma or Shortness of breath.	
(g) Venereal Disease or Stricture	
(h) Neurasthenia or Nervous Breakdown	· · · · · · · · · · · · · · · · · · ·
3. Have you had fits of any kind?	
4. Have you had discharge from either ear?	
5. Have you had a broken bone or been seriously injured?	0
6. Have you been operated upon?	
7. Has any member of your family suffered from Pleurisy, Tub	
Trouble? 40	Process, Process, Process Breakdown, or Wichian
If so, give particulars (relation and when) wil	
8. Have you been rejected or deferred for Life Insurance?	0
9. Have you been rejected or discharged as unfit for service in a	
If so, give date and reason hil	The first of the f
*10. Have you been wounded, suffered from Shell Shock, or Ga	s Poisoning) No
If so, give particulars, Nel	4
†I declare that I have read the answers to the above questions, and the	
Station CROOKWELL	
- 11.2.10	Robbin
314	of Recruit
Examined on 6 day of harch 19 42	(Right VISION
at CROOKWELL Without Glasses	With glasses
Height 5 feet 8 inches.	(Left
11.0	glion (Right Number Number
Mar	ks).
Chest Girth when full expanded	(LeftNumber
Measurement (Range of expansion	n vaccinated
Urine Bloom	d Pressure, Systolic 160 Diastolic
	·
Slight defects, but not sufficient to cause rejection(Details in Table	
Examined by me and classified as follows:—	W11/1.N
Classification: Signature	M. A. V &us les Date 96.3.42
Subsequent Medical Examinations:—	Jahrus - 4 3,10,15
Classification‡ Signature	Date
	Date Date
* Only to be answered if the recruit has had active service.	
† The recruit will be warned that should be give false answers to any of these of In accordance with S.O. A.A.M.S., reason for unfitness to be stated.	questions he will be subject to heavy penalties under the Defence Act.

TABLE II.
MEDICAL HISTORY.

1			
		cer	DEDROY VESTURE STORES CONTINUES OF THE STORES
		Signature of Medical Officer	
	(9)	Medic	thedical History Success of cases
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		Disability and Remarks bearing on the case likely to be of future use	Set mobile of party to an element (a)
		arks b	
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MEDICAL HISTORI.			the manufactured and the first and the second of the secon
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IMI	(4)	Date	the contract of the second of
		1	Name of the principal of the state of the service in which the best of the black of the service
	(3)	Place of Casualty	The property and in about their and Smith fallong must be and the
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-		Name of Hospital of Flace of Treatment	The Control of the Co
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TABLE III.

Record of Medical Boards, Courts of Inquiry on Injuries or Disease, and Issue of Surgical Appliances.

Date	Brief Details		Signature
		British Comment	the standard of the standard o
			MA PINE NAME AND ADDRESS.
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	the second second second second		CONTRACTOR OF COMPANY
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	ALPE TO THE PARTY	AIV BARAT	
	n of Cheek	d X Ray Examination	TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
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TABLE IV.—PRESCRIPTION FOR SPECTACLES.

	Vision without glasses	Sph.	Cyl.	Axis Standard Notation	Vision with glasses	Ophth. Centre	Date of Exam.
R		1 37				Frame No. (or measurements)	Date of Issue
L							

Signature of M.O.

311456

TABLE V.

(Not required to be filled in at time of Medical Examination on Mobilization.)

Dental condition on first examination:—	Dental Requirements:—
THE SA 3 2 1 1 2 3 4 5 6 7 8 No alteration or addition will be made to this chart after the dental condition has been recorded.	
Symbols to be used by Dental Officer.	
Dentally fit Dentally fit Gingivitis	Disco
Missing M Scaling required Sc. Unerupted U Dentures—Full Upper FII	Place
Unerupted U Dentures—Full Upper FU Extraction required X , Full Lower FL	Signature
Filling required Y ,, Part Upper PU (No. of teeth)	Data
Restored tooth R ,, Part Lower PL (No. of teeth)	Date
NOTE.—Teeth replaced by a denture to be marked "D."	
TABLE VI	

Details of defects detected which are not such as to cause rejection.

TABLE VII.

Report of X-Ray Examination of Chest.

18380 3.42 St 3464