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Title: ROGERS JOSEPH WILLIAM : Service Number - V351028 : Date of birth - 03 Jul 1907 : Place of birth - CASTLEMAINE VIC : Place of enlistment - COBURG VIC : Next of Kin - ROGERS ESTHER

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AUSTRALIAN



MILITARY FORCES

PART TIME DUTY
VICTORIA

MOBILIZATION ATTESTATION FORM

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act, or when voluntarily enlisted.

Army No. V351028

Surname ROGERS (BLOCK CAPITALS) Christian Names Joseph William

Unit _____

Enlisted for war service at COBURG (Place)

Victoria (State) 16-1-44 (Date)

A

Questions to be put to persons called out or presenting themselves for enlistment.*

1. What is your name ? ...	1. Surname <u>ROGERS</u> (BLOCK CAPITALS)
	Other names <u>Joseph William</u>
2. Where were you born ? ...	2. In or near the town of <u>Castlemaine</u>
	In the state or country of <u>Victoria</u>
3. Are you a British Subject ? ...	3. <u>Yes</u>
4. What is your age and date of birth ? ...	4. Age <u>34 yrs 5 mths</u>
	Date of Birth <u>3/7/07</u>
5. (a) What is your normal trade or occupation ? Grade if any ?	5. (a) <u>Textile Worker</u>
(b) Present occupation ? ...	(b) <u>Operator</u>
6. (a) Are you married, single or widower ? ...	6. (a) <u>Married</u>
(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) <u>Compulsory Cadets.</u>
(b) What was the reason for your discharge ? ...	(b) _____
8. Who is your actual next of kin ? (Order of relationship—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister)	8. Name <u>Esther Altie Rogers</u>
	Address <u>4 Patterson St</u>
	<u>East Coburg</u>
	Relationship <u>Wife</u>
9. What is your permanent address ? ...	9. <u>as above</u>
10. What is your religious denomination ? (This question need not be answered if the man has a conscientious objection to doing so) ...	10. <u>Methodist.</u>
11. Which, if any, of the following Educational Qualifications do you possess ? ...	1. Certificate for entry to Secondary School <u>YES</u>
	2. Intermediate _____
	3. Leaving _____
	4. Leaving Honours _____
	5. Technical _____
	6. University Degree _____
	7. Other Diplomas _____
12. Have you ever been convicted by a Civil Court ? ...	12. <u>no.</u>
If so—(a) What Court ? ...	(a) _____
(b) for what offence ? ...	(b) _____

EMPLOYERS NAME & ADDRESS

Prestige Hosiery Mills
Donald A
Brunswick

I, Joseph William Rogers do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by [Signature] Capt. J. Rogers Signature.

* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.

B

MEDICAL EXAMINATION

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is—*

- 1. Fit for Class I.
- 2. Temporarily unfit for Class I †
- 3. Fit for Class II.
- 4. Temporarily unfit for Class II †
- 5. Unfit for military service †

Place COBURG Date 16. 1. 42

Signature of Examining Medical Officer G. Beauchamp

* Classifications which are inapplicable to be struck out. † Reasons for unfitness to be stated.

C

OATH OF ENLISTMENT †

For persons voluntarily enlisted or called upon under Part III. or Part IV. of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII. of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I, Joseph William Rogers swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, ~~and for a period of twelve months thereafter~~, or until sooner lawfully discharged, dismissed, or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law.

So Help Me God!

Signature of Person Enlisted J. Rogers
Subscribed at COBURG in the State of Victoria

this 16th day of January 19 42

Before me—

Signature of Attesting Officer Globe Capt.
Area 58c

† Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialled by the Attesting Officer.

PART TIME DUTY

SERVICE AND CASUALTY FORM

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

Army No. V 351028

Unit V.D.C.

Christian Names Joseph William Surname ROGERS
(Block Capitals)

Rank Plt (On Enlistment)

Date of Enlistment 16th January 1942
Place Belmont
Date and Place of Birth Bermaine 3.7.07
Trade or Occupation Electric Worker
Religion Method

Marital Condition Married
Next of Kin Robert Arthur Rogers
Address of Next of Kin 1 Patterson St. East Belmont
Relationship wife

Medical Classification—Class I. (On Enlistment)
Class II

Identification—Colour of Hair Brown Eyes Blue
Distinctive Marks None on admission

REPORT		Date	From whom received	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority of Officer Certifying Correctness of Entries Document	Initials
Date	From whom received							
23/6/42	10 Btn.			Enl. Area 500 Posted to Btn. V.D.C. Part Time Duty. 29/42/192A.	23/6/42	MELB.	MOB.3	<u>J.H. Harvey</u>
3/10/45	18 Bn. V.D.C.			Discharged 30.4.45/V500. 29.7.45 of 30.4.45.	3/10/45	TIC		<u>albert</u>

DISCHARGE CERT. No 40570 ISSUED

NOTHING TO BE WRITTEN IN THIS SPACE.

COVER FOR PERSONAL DOCUMENTS.

Army No. 1351028

Surname ROSEERS

(BLOCK CAPITALS.)

Other names Joseph, William

Rank _____ Unit PTD - VIC.

Surname

(BLOCK CAPITALS.)

Army No.

Other names

Rank

Unit

VE 19069

R.M.P.O. *L. Moore*

ROC 3

CLASS III

Form D.I. (Revised July, 1940.)

16 JAN 1942

AUSTRALIAN



MILITARY FORCES

M.L.F.

PART TIME DUTY

VICTORIA

Medical History Sheet of (Army No.) V351028

Name (in capitals) ROGERS Christian Names Joseph William
 Age 34 years 5 months Date of birth 3/17/07 Birthplace Castlemaine
 Occupation Operator (HOSIERY MILLS) Religious Denomination Methodist
 Complexion Flesh Colour of hair Dark Brown Colour of eyes Blue
 Distinctive marks, and marks indicating congenital peculiarities or previous disease None on abdomen

TABLE 1.

- Are you now suffering from any disease or disability? No
- Have you ever suffered from any of the following illnesses?

(a) Rheumatic Fever	<u>No</u>	(i) Kidney Disease	<u>YES</u>
(b) Weak Heart or Heart Disease	<u>No</u>	(j) Skin Disease	<u>No</u>
(c) Tuberculosis or Consumption	<u>No</u>	(k) Malaria	<u>No</u>
(d) Spitting of blood	<u>No</u>	(l) Dysentery	<u>No</u>
(e) Pleurisy	<u>No</u>	(m) Ulcer of the Stomach or Indigestion	<u>No</u>
(f) Asthma or Shortness of breath	<u>No</u>	(n) Piles	<u>No</u>
(g) Venereal Disease or Stricture	<u>No</u>	(o) Have you ever had any other serious illness?	<u>No</u>
(h) Neurasthenia or Nervous Breakdown	<u>No</u>		
- Have you had fits of any kind? No
- Have you had discharge from either ear? No
- Have you had a broken bone or been seriously injured? Yes - 1939 accident
 If so, state nature and date. R. 3rd Finger accident 1941
- Have you been operated upon? No
 If so, state nature and date.
- Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble?
 If so, give particulars (relation and when) No
- Have you been rejected or deferred for Life Insurance? No
- Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces? No
 If so, give date and reason.
- Have you been wounded, suffered from Shell Shock, or Gas Poisoning? No
 If so, give particulars.

I declare that I have read the answers to the above questions, and that to the best of my knowledge they are true.

Station Coburg

Date 16. 1. 42

Signature of Recruit J. Rogers

Examined on 16 day of Jan 1942
 at Coburg
 Height 5 feet 9 inches. VISION
 Without Glasses { Right 6/6 | Left 6/6 }
 With glasses { Right _____ | Left _____ }
 Weight 187 lb. Vaccination Marks { Right _____ | Left FAM }
 Chest Measurement { Girth when full expanded 41 inches. | Number _____ }
 { Range of expansion 3 inches. | Number 1 }
 Urine NO SUG - NO ALB When vaccinated _____
 Blood Pressure, Systolic 135 Diastolic 90

Light defects, but not sufficient to cause rejection.

(Details in Table VI.)

Examined by me and classified as follows:

Classification Class 1

Signature G. Readman Date 16. 1. 42

Subsequent Medical Examinations :-

Classification _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

*Only to be answered if the recruit has had active service. The recruit will be warned that should he give false answers to any of these questions he will be subject to heavy penalties under the Defence Act. In accordance with S.O. A.A.M.S. reason for unfitness to be stated.

TABLE V.

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

Dental condition on first examination:—

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Right								Left							
8	7	6	5	4	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.

Dental Requirements:—

Symbols to be used by Dental Officer.

Dentally fit ..	Dentally fit	Gingivitis..	..	..	G
Missing ..	M	Scaling required ..	..	..	Sc.
Unerupted ..	U	Dentures—Full Upper	..	..	FU
Extraction required	X	.. Full Lower	..	..	FL
Filling required	Y	.. Part Upper PU (No. of teeth ..)	} In Situ	Reqd.	
Restored tooth	R	.. Part Lower PL (No. of teeth ..)			

NOTE.—Teeth replaced by a denture to be marked "D."

Place

Signature

Date Rank

Dental Officer.

TABLE VI.

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

TABLE VII.

Report of X-Ray Examination of Chest

TABLE IV—PRESCRIPTION FOR SPECIALLY
