



Ministry
of Defence

JSP 100
Defence Holistic Transition Policy

Part 2: Guidance

Foreword by the Chief of Defence People

In 2019, we launched the Defence Holistic Transition Policy with the ambition that every Service person, and their families, have what they need to prepare early and leave the Services well. Around 15,000 people leave the Armed Forces and become veterans each year. If we can ensure that every Service person and their family has access to the correct Advice, Information and Guidance at the right time, throughout their Service career, the benefits to them and wider society when they transition to civilian life will be realised.

Joint Service Publication (JSP) 100 – the Defence Holistic Transition Policy – is at the heart of MOD’s contribution to delivery of HMG’s ‘Strategy for our Veterans’. It goes beyond finding a job and relates to the significant life changing processes that affect not just the Service Person but also their immediate family through the entire time they are within or connected to the Armed Forces, through to discharge and beyond. This JSP brings together a number of elements of transition such as health and wellbeing; welfare; housing advice; financial information and chain of command pastoral guidance.

While the vast majority of our people transition to civilian life without major difficulties, some face significant barriers to making a successful transition, particularly those who have served for less than four years. When this JSP was launched in 2019, the Defence Transition Services (DTS) was established to provide one-to-one support for those who need it. This could include help with life's basic needs, such as help with registering with a doctor or a dentist, or it could be much more intensive for those with complex needs. Each year, several hundred of our Service leavers and their families are supported by DTS and are connected to the networks of help they need within local authorities, public services and charitable support where necessary. JSP 100 gives everyone working in Defence, particularly those in the Chains of Command, the tools to ensure any Service person or their family can access this service if they need it.

This has been the first major review of JSP 100 – key changes include: separating the JSP into two parts; Directive and Guidance, in recognition of the diversity of stakeholders, clearer distinction of the Veterans Welfare Services/Defence Transition Services function; addition of a Veterans Badge application policy, and a revised approach to delivering Life Skills across Defence. It will keep evolving iteratively to ensure it meets the changing needs of our Service people and their families. The key principle, however, remains the same – everyone who joins the Armed Forces has stepped up to defend their country, and we harness that drive to develop them into the best they can be. Whenever they leave, and for whatever reason, we should ensure they return to civilian life ready for a happy and fulfilling life, and ready to apply their strengths to their communities and to a grateful nation.

Lieutenant General James Swift OBE
Chief of Defence People
Functional Owner of the People Function

Preface

How to use this JSP

1. Joint Service Publication (JSP) 100 is the authoritative document for tri-Service holistic transition policy and procedures throughout Defence and within the 3 single Services and Strategic Command. It is designed to be used by staff responsible for the development, planning and delivery of holistic transition support to Service Personnel (SP)¹ during career and at end of Service, both Regular and Reservist. It must also be available to Service Personnel, Service leavers and their families, and the third sector. As such, **Annex F** and **Annex H** have been added to provide additional guidance and signposting for those less familiar with standard JSP principles and protocols. This JSP contains the policy and direction on Defence Holistic Transition and guidance on the processes involved and best practice to apply this policy. This JSP will be formally reviewed annually, with any interim changes and policy development endorsed at the Armed Forces People Support (AFPSp) Transition Working Group (TWG).

2. The JSP is structured in two parts:

a. Part 1 - Directive, which provides the direction that must be followed in accordance with statute or policy mandated by Defence or His Majesty's Government (HMG).

b. Part 2 - Guidance, which provides the guidance and best practice that will assist the user to comply with the Directive(s) detailed in Part 1.

Coherence with other Policy and Guidance

3. Where applicable, this document contains links to other relevant JSPs, some of which may be published by different Functions. Where dependencies exist, these other Functions have been consulted in the formulation of the policy and guidance detailed in this publication.

Related JSPs	Title
JSP 342	Education of Service Children and Young People
JSP 440	The Defence Manual of Security
JSP 464	Tri-Service Accommodation Regulations (TSARs)
JSP 534	Tri-Service Resettlement and Employment Support Manual
JSP 752	Tri-Service Regulations for Expenses and Allowances
JSP 754	Tri-Service Regulations for Pay
JSP 755	Centre-Determined Policy for Career Management and the Administration of Tri-Service Positions and Assignments
JSP 764	The Armed Forces Pension Scheme 2005 (AFPS 05)
JSP 765	Armed Forces Compensation Scheme – Statement of Policy
JSP 770	Tri-Service Operational and Non-Operational Welfare Policy
JSP 794	Defence Policy for Administration of Personal and Professional Development (AP&PD) on JPA
JSP 822	Defence Direction and Guidance for Training and Education
JSP 835	Alcohol and Substance Misuse and Testing

¹ In the context of this policy, 'Service personnel' refers to both Service Personnel and Service leavers, i.e. those in the period of up to two years pre- and post-discharge.

JSP 893	Policy on Safeguarding Vulnerable Groups
JSP 887	Diversity, Inclusion and Social Conduct
JSP 905	Armed Forces Pension Scheme 2015 and Early Departure Payments Scheme 2015
JSP 950	Medical Policy
PAP	PULHHEEMS Administrative Pamphlet
ISBN 978-1-5286-0856-5	The Government's 'Strategy for our Veterans'

Training

4. There is no specific requirement to undertake training to make use of this JSP, except for specified practitioners operating within the individual pillars² of transition which have extant training in place contained within other policies. Front Line Commands (FLCs) and Veterans UK are responsible for determining their own training requirements within their Commands and the provision of Defence Transition Services (and Veterans Welfare Service) support respectively. Any personnel whose day-to-day work requires the practical application of Holistic Transition should familiarise themselves with this JSP and specific FLC direction, as appropriate, to ensure they are proficient in the execution of their Role.

Further Advice and Feedback – Contacts

5. The owner of this JSP is Hd Armed Forces People Support (Hd AFPSp), under Chief of Defence People (CDP), within the Ministry of Defence (MOD). For further information on any aspect of this guide, or questions not answered within the subsequent chapters, or to provide feedback on the content, contact:

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² The pillars of transition are detailed in Section 1.2

Amendment Record

Version Number	Authority	Date of Insertion
V1.0	Head of AFPSp	28 Oct 19
V1.1	Head of AFPSp	1 Apr 21
V2.0	Head of AFPSp	15 Nov 22

Glossary of Acronyms

Acronym	Meaning
ADC	Additional Duties Commitment
AEC	Army Education Centre
AFCS	Armed Forces Compensation Scheme
AFPS	Armed Forces Pension Scheme
AFPSp	Armed Forces People Support
AGAI	Army General Administrative Instruction
BRP	Biometric Residence Permit
CDP	Chief of Defence People
CO	Commanding Officer
CoC	Chain of Command
CRE	Core Recovery Event(s)
CTP	Career Transition Partnership
CTW	Career Transition Workshop
DA	Devolved Administration(s)
DBS	Defence Business Services
DDS	Defence Discount Service
DHd Covenant	Deputy Head of the Armed Forces Covenant Team (part of AFPSp within CDP's Division)
DIN	Defence Instructions and Notices
DMS	Defence Medical Services
DPHC	Defence Primary Health Care
DRC	Defence Recovery Capability
DRM	Defence Relationship Management
DSR	Directorate of Security and Resilience
DTRP	Defence Transition Referral Protocol
DTS	Defence Transition Services
ESL	Early Service Leaver(s)
FC	Full Commitment (within FTRS)
FCDO	Foreign, Commonwealth & Development Office
FiMT	Forces in Mind Trust
FLC	Front Line Command(s)
FMed	MOD Form Medical
FOC	Full Operating Capability
FTRS	Full Time Reserve Service
FY	Financial Year
GDPR	General Data Protection Regulation
GIP	Guaranteed Income Payment
GP	General Practitioner
HARDFACTS	A mnemonic (see para 2.7)
HC	Home Commitment (within FTRS)
HMRC	HM Revenue and Customs
HR	Human Resource(s)
HQ	Headquarters
ID	Identity

ILE	Indefinite Leave to Enter
IOC	Initial Operating Capability
IPC4V	Integrated Personal Commissioning for Veterans
IRP	Individual Recovery Plan (for recovery)
JPA	Joint Personnel Administration
JSP	Joint Service Publication
LA	Local Authority/Authorities
LC	Limited Commitment (within FTRS)
LTR	Long Term Relationship
MCTC	Military Corrective Training Centre
MDT	Multi-Disciplinary Team
MOD	Ministry of Defence
NHS	National Health Service
NIO	Northern Ireland Office
OIC	Officer in Charge
OISC	Office of the Immigrations Service Commissioner
PPDP	Professional and Personal Development Plan
PRC	Personal Recovery Centre(s)
PRU	Personal Recovery Unit(s)
RAF	Royal Air Force
RN	Royal Navy
SAR	Subject Access Request
SFA	Service Families Accommodation
SSAFA	Formerly known as: Soldiers, Sailors, Airmen and Families Association
SEC	Specialist Employment Consultant(s)
SL	Service Leaver
SOP	Standard Operating Procedure(s)
SP	Service Personnel/Service Person
TESRR	Training, Education, Skills, Recruiting and Resettlement (within CDP's Division)
TILS	Transition, Intervention and Liaison Service (part of the NHS)
TLD	Through Life Development
TRBL	The Royal British Legion
TWG	Transition Working Group
TWRP	Tri-Service Welfare Referral Protocol
UK	United Kingdom
UKSF	United Kingdom Special Forces
UKVI	United Kingdom Visas and Immigration
VR	Volunteer Reserve(s)/Volunteer Reservist
VRM	Vulnerable Risk Management
VWM	Veteran Welfare Manager
VWS	Veterans Welfare Service
WHO	World Health Organisation
WIS	Wounded, Injured and Sick

Contents

Foreword by CDP	i
Preface	ii
How to use this JSP.....	ii
Coherence with other Policy and Guidance.....	ii
Training.....	iii
Further Advice and Feedback – Contacts	iv
Amendment Record	iv
Glossary of Acronyms	v
1 Defence Holistic Transition Policy	1
1.1 What is Holistic Transition and Why Do We Need It?	1
1.2 Pillars of Transition.....	2
1.3 Joint Service Publication	4
1.4 Policy Deliverables.....	4
1.5 Defence Transition Services	4
1.6 Life Skills.....	5
1.7 Front Line Commands Resourcing	5
1.8 Existing Policy.....	5
1.9 Future Follow-Up	6
2 Defence Transition Services and Veterans Welfare Service	7
2.1 Introduction	7
2.2 Defence Transition Referral Protocol Purpose.....	8
2.3 Unit Referral Process.....	8
2.4 Self-Referral Process.....	9
2.5 Handling, Storage and Transmission of DTRP Form 2 is to be in accordance with current GDPR protocols.....	10
2.6 DTRP REFERRAL CRITERIA.....	10
2.7 Required Detail for a Referral	11
2.8 Timing of the Referral.....	12
2.9 On Receipt of Referrals	12
2.10 Ongoing Contact and Support for those being supported by Defence Transition Services.....	12
2.11 Ongoing Contact and Support for Complex and Non-Complex Health Cases being supported by VWS	13
2.12 Personnel Serving or Resettling Overseas	14
3 Health and Wellbeing	16
3.1 Introduction	16
3.2 Transfer of Stakeholder Responsibilities.....	16
3.3 Levels of Transition	16

3.4 Health Transition - Stakeholder Responsibilities.....	17
3.5 Defence Medical and Dental Services	19
3.6 Bespoke Healthcare Pathways	19
3.7 Defence Recovery Capability (DRC).....	20
3.8 ARMED FORCES PERSONNEL IN TRANSITION, INTEGRATED PERSONAL COMMISSIONING FOR VETERANS.....	21
3.9 Background.....	21
4 Non-UK Personnel	22
4.1 General	22
4.2 Regularisation of Immigration Status	22
4.3 Termination of Service Overseas	25
4.4 Early Departure Termination	25
4.5 Costs and the Need for Transition Planning.....	26
5 Housing and Duty to Refer	27
5.1 Introduction	27
5.2 Homelessness Reduction Act 2017	27
5.3 Front Line Commands Requirement.....	27
5.4 Additional Information	28
6 Veterans' Recognition.....	29
6.1 RETENTION OF MOD FORM 90	29
6.2 Introduction	29
6.3 Purpose and FLC Requirement	29
6.4 VETERANS' ID (RECOGNITION) CARD – MOD FORM 100.....	29
6.5 Introduction	29
6.6 Purpose and Issue	30
6.7 HM ARMED FORCES VETERANS BADGE.....	30
6.8 Introduction	30
6.9 Background.....	30
6.10 Design of the Badge	31
6.11 Eligibility Criteria.....	31
6.12 Entitled Personnel.....	31
6.13 Exclusions.....	31
6.14 How to Apply	31
6.15 Crown Copyright and the Defence Intellectual Property Rights (DIPR) Team.....	32
6.16 Replacements	32
6.17 VETERANS BADGE FAQs CAN BE FOUND AT ANNEX D	32
6.18 Specimen Card and Badge.....	32
6.19 Illustration of Veterans' ID Card and Veterans Badge.....	33
7 Armed Forces Covenant.....	34
7.1 Introduction	34
7.2 What Do We Mean by These Principles?	34

7.3 Covenant Duty	35
7.4 Additional Information	35
Annex A - Defence Transition Services Organisation Chart	36
Annex B - Defence Transition Services Process Flow Following Receipt of DTS-Specific Referral.....	37
Annex C - Defence Transition Services Approximate Regional Boundaries....	38
Annex D - Armed Forces Personnel in Transition, Integrated Personal Commissioning for Veterans (IPC4V) – Supplementary Defence Funding....	39
Annex E - Unit HR Instructions for Issue of Modified MOD Form 90 to Regular and Reservist Service Personnel on Leaving the Services.....	43
Annex F - Additional Stakeholder Information and Signposting.....	45
Annex G - Armed Forces Veterans Badge FAQs.....	47
Annex H - Leaving the Services – Service Leavers and Families.....	49

1 Defence Holistic Transition Policy

1.1 What is Holistic Transition and Why Do We Need It?

0101. Holistic Transition is the practical, physical and emotional adjustments that the AF community have to make when leaving military Service to re-integrate into civilian society. It is about ensuring that those who have served in the Armed Forces, and their families, can use their experience to live positive and fulfilling lives. This can be achieved by:

- a. building on the positives of serving (skills, culture, networks, experiences).
- b. being prepared for the future – being aligned to and understanding wider society, knowing your options and opportunities.
- c. understanding the challenges and mitigating them (whether knowledge gaps, health issues, culture change).

Whilst it complements JSP 534 - The Tri-Service Resettlement and Employment Support Manual, whose prime aim is to prepare Service Leavers to either gain employment following their Service, or prepare them for whichever vocation they choose, Transition is concerned with through-career engagement on all the other factors and challenges which Service Personnel and their families may face as they exit Service and beyond.

0102. The ten-year vision of the Strategy for our Veterans³ is that those who have served in the UK Armed Forces, and their families, should transition smoothly back into civilian life and contribute fully to a society that understands and values what they have done and what they have to offer. Defence needs to ensure that it continues to develop the support in place throughout the careers of our people, and for our Service families, long before they leave Service.

0103. In order that the term 'transition' is understood and viewed positively throughout a career, it is important to use a different term for earlier in career 'transition' support, which is termed 'Life Skills'⁴

0104. JSP 100 sets the policy to enable sS to deliver transition support and its benefits to their SP. The following benefits should help SP throughout their career and beyond:

- a. **Developed SP.** Through the delivery of the sS policies under the auspices of this JSP, SP will have access to through-life support and personal development opportunities to maximise their potential both in Service and beyond.
- b. **Prepared SP.** Many SP leave on their own terms, doing so with an understanding of the challenges and changes they will face, and are therefore well-prepared for civilian life. There are others however, who leave involuntarily, or are unprepared for their transition to civilian life. This policy seeks to encourage SP to engage early with the planning and preparation for life beyond Service. The consequential effects will be a more resilient SP which will aid their career and

³ The Strategy for our Veterans, ten-year vision through 2028.

⁴ Through-Career Advice, Information and Guidance on the core topics; Finance, Education, Housing and Mental Wellbeing.

enhance their operational effectiveness, whilst also reducing the burden on OGDs and wider society.

c. **Retention.** Investing in SP and their families throughout their Service life will aid Defence in retaining its most valuable asset, its people. The holistic approach will assist retention for the Armed Forces by emphasising the value of the Defence 'Offer' that continued service represents.

d. **Public Perception and Recruitment.** The policy will help to improve the negative aspects of public perception of SP and veterans as we will better prepare our SP and their families for their inevitable journey back into civilian life. This will facilitate the significant investment the Armed Forces has made in its SP into better enabling the skills and experience of SP into wider UK society. Recruitment will be assisted by being viewed by the public as an employer of choice.

0105. This policy brings together all the support we offer our people and their families in one place to aid their successful transition into civilian life at the end of their service. It provides additional support to better prepare our people and their families for the future. It seeks to create a cultural shift in the way every SP thinks about resettlement and leaving service - focusing on the whole person and their families to better equip them throughout their time in the Armed Forces and encouraging them to begin their preparations for leaving the Armed Forces earlier. It provides direction and guidance for the FLCs so that they can allocate appropriate resources and ensure a common level of support is available, regardless of where in Defence the SP works. It will also seek to identify gaps and duplication of effort to improve support provision.

0106. Chapter 2 of this policy details the support offered by Defence Transition Services (DTS), which complements a range of existing partners; Veterans Welfare Service (VWS), also within Veterans UK; central Government departments in the UK Government and in the Devolved Administrations⁵; Local Authorities, FLCs and with the third sector.

1.2 Pillars of Transition

0107. Transition affects all aspects of life, both in terms of making the most of Service life and preparing for a successful move into civilian life following time in the military. JSP 100 recognises the broad and varied reach of transition and the relative ways in which individual SP and their families will be affected by each depending on their individual circumstances. Transition includes consideration of the following pillars:

a. **Health (physical and mental).** See JSP 950, Chapter 3 of this JSP and JSP 835 - Alcohol and Drugs misuse education.

b. **Accommodation.** See Defence Transition Services Chapter 2, JSP 464 and Chapter 5 to this JSP.

c. **Finance (including pensions, debt management and budgeting).** See Armed Forces Pensions, JSP 752, JSP 754, JSP 764, JSP 770 and JSP 905.

d. **Education.** Through Life Development. See JSP 822. Skills acquisition and accreditation. See JSP 822 and JSP 794.

⁵ It should be noted that the Northern Ireland Executive does not take a formal position on veterans or Service leaver provision, and coverage varies between different local authorities.

e. **Serving Well.** Life skills. See Section 1.6 of this JSP. See JSP 755 - children's education throughout career and after discharge. See JSP 342.

f. **Leaving Well**⁶. Employment support. See JSP 534 - family transition support. See UK Armed Forces Families Strategy - charitable support. See JSP 770 and Useful Links for the Service Community - Wounded, Injured and Sick (WIS), including Recovery. See Annex T to JSP 661 and JSP 820.

0108. Each Service is responsible for ensuring that SP and their families have access to the necessary support from enlistment throughout their military careers and when appropriate beyond to facilitate their reintegration into society.

0109. Defence Holistic Transition Policy provides direction and guidance to help:

a. improve the sense of personal responsibility and understanding of SP and their families to adequately prepare for their transition to the civilian world throughout their Service. This will include embedding the principle that leaving the Services is inevitable and not always at a time of their choosing. Therefore, SP and their families who leave unexpectedly should not be unprepared.

b. improve awareness of the holistic elements of transition (a-f above) to ensure SP and their families have a better understanding of the services and activities associated with transition to civilian life.

c. the Chain of Command, and other relevant Unit staff, to assist SP, where necessary, through-career in relation to their planning (and steps taken) for their (civilian) future and assist those who are being discharged and likely to face significant challenges as they exit service. This can be achieved either through existing sS Monitoring and Assessment processes or enhancing the current discharge processes to identify those most vulnerable as they leave Service. Those who have significant challenges are to be referred into Defence Transition Services (DTS).

d. Defence Transition Services (DTS) provides additional support for those who face significant barriers to making a successful transition, and through-career information and support on civilian housing options, following the transfer of all Joint Service Housing Advice Office responsibilities to DTS on 1 Oct 2022. DTS sits within the infrastructure of Veterans UK (a Branch of MOD's Defence Business Services (DBS)). It is in addition to the other services provided by Veterans UK which includes the Defence Recovery Capability (DRC), the bespoke transition support⁷ offered through it for Wounded, Injured and Sick (WIS) SP. Veterans Welfare Service (VWS) the sister organisation to DTS delivers a critical part of DRC support to WIS SP, veterans and SP needing support to submit claims to the Armed Forces Compensation and War Disablement pension schemes as well as some State benefits and support with the Armed Forces occupational pension and any enduring welfare need.

⁶ A Service Leaver that understands, and is well prepared for, the challenges faced with transitioning to civilian life'

⁷ DRC Core Recovery Events (CRE) include a 10-day Career Transition course and a separate Career Transition Workshop (CTW) with dedicated Specialist Employment Consultant (SEC) support for transitioning WIS identified by the chain of command as having the most complex recovery needs.

1.3 Joint Service Publication

0110. Where necessary, users of this JSP should refer to the Armed Forces People Support (AFPSp) Division of Chief of Defence People (CDP) within MOD, through the chain of command, for interpretation of policy.

0111. **Covenant Division of AFPSp.** The Deputy Head in AFPSp leading the Covenant team exercises stewardship of the Defence transition process on behalf of the owner, CDP. DHd Covenant is responsible for:

- a. the development, implementation and delivery of tri-Service transition policy and procedures on behalf of CDP.
- b. overseeing the management and operation of the delivery of transition services through 'Defence Transition Services', part of Defence Business Services (DBS), Veterans UK.

0112. In addition, there are other areas of policy that contribute to transition, which are not necessarily owned by DHd Covenant (within AFPSp). These areas are defined in other Chapters of this JSP as follows:

- a. Health – Chapter 3.
- b. Non-UK Personnel – Chapter 4.

0113. There are frequent references to the terms 'refer', 'referral' and 'referred' throughout this JSP. These mean a decisive action to secure the support of Defence Transition Services (DTS) for an individual via the Defence Transition Referral Protocol (DTRP) (see paras 2.4, 2.6 & Chapter 2) for help and support.

1.4 Policy Deliverables

0114. Defence Holistic Transition Policy (JSP 100) provides direction and guidance to support the delivery of:

- a. the availability of 'Life Skills' which will provide information and guidance during SP career about 'civilian' and 'life' issues (budgeting, debt management, housing, health, civilian agencies, individual responsibilities to plan and prepare).
- b. coordination among the various pillars that currently contribute to holistic 'transition' to ensure a better integration of services and activities. Defence resettlement policy and delivery will remain 'as is' continuing to provide the existing employment support for SP.
- c. assessing or facilitating self-assessment of SP during their career on their planning (and steps taken) for their (civilian) future and assessing SP before discharge on their readiness to transition (via sS processes respectively) to highlight and prioritise issues.

1.5 Defence Transition Services

0115. **Defence Transition Services (DTS)** is administered and run through Veterans UK

and sits alongside its extant, 'sister' organisation, the Veterans Welfare Service (VWS), building on VWS's existing capacity and expertise. DTS provides tailored support for individuals ("clients") via a casework model to support (potentially) vulnerable SP and family members who are likely to face the most significant challenges on discharge from the military. DTS introduced a new method for referral called the Defence Transition Referral Protocol (DTRP) which replaces the previous Tri-Service Welfare Referral Protocol (TSWR). Full details are given in Chapter 2 of this JSP on DTS and the protocol.

1.6 Life Skills

a. Will be provided under the agreed principle of available throughout a career to Serving Personnel and their families irrespective of location, individual circumstances or Chain of Command. The MOD will develop a core package, agreed through the TWG, which will ensure that a minimum baseline is available to all⁸ in line with the agreed principles. The delivery methodology, governance, assurance and continuous improvement aspects will be developed and agreed by key stakeholders. The core package of Life Skills will consist of Advice, Information and Guidance of the core elements⁹.

b. The ability to monitor and assess is key to the continuously improved delivery/availability of Life Skills as it provides invaluable feedback on the content, effectiveness and relevance whilst also understanding the needs of SP and their families.

c. Self-Assessment methodology should be considered as it may complement existing processes of identifying and assisting personnel with personal, wellbeing and family issues requiring resolution, through the chain of command and other welfare channels. The wellbeing of a SP remains the responsibility of the CoC until the point of discharge. DTS will work in partnership with the CoC and unit staff to enhance any unit-led provision. Once the SP reaches their discharge date, DTS will take over the central coordination role from the Unit and support their client thereafter. This may or may not include interventions delivered by VWS depending on a number of factors (see Chap 2 para 0223)

1.7 Front Line Commands Resourcing

0116. FLCs are expected, where necessary, to develop a framework for ensuring that the base line entry level content is available to their personnel in a way that meets the needs of their Service career, and to continuously assess any 'Life Skills' delivery to ensure it meets the needs of their SP and their families. This will be co-ordinated through the Transition Working Group until FOC when it will be replaced by the JSP 100 Review Focus Group.

1.8 Existing Policy

0117. This JSP is designed to complement and enhance policy that already exists for extant pillars of transition. For example, JSP 534 (Resettlement) and JSP 770 (Welfare Support). Full implementation of holistic transition policy will enable better coordination of transition across all the pillars.

⁸ SP and families irrespective of where they are serving or for whom.

⁹ Housing, Finance, Education, Mental Wellbeing.

1.9 Future Follow-Up

0118. Whether or not a SP has been referred to DTS, a follow up at the 12-month point after discharge with all SP, as a 'check-in' to enquire whether they have any issues they need support with, will be made. This functionality will be delivered through the existing DBS Veterans Information Service processes.

2 Defence Transition Services and Veterans Welfare Service

2.1 Introduction

0201. As part of the introduction of the Defence Holistic Transition policy, **Defence Transition Services (DTS)** was created to operate alongside the existing Veterans Welfare Service (VWS). The two organisations work side by side and complement each other's expertise and capacity. They are administered and run through MOD's Veterans UK within Defence Business Services (DBS).

0202. DTS and VWS support Service leavers, veterans and their families by providing ongoing support, guidance and information with pre and post Service issues including housing (see 0203 below), that will endure beyond discharge and likely to have a negative impact on transition or life as a veteran. This support is available as part of the transition to civilian life journey, by providing advice and signposting to the most vulnerable at the right time.

0203. In addition, DTS offer through-career support and information to all SP and their families on civilian housing options. They deliver virtual briefings, respond to enquiries, administer the MOD referral scheme and engage with key stakeholders. Any housing queries should be forwarded to: DBSVets-DTS-Central@mod.gov.uk.

DTS and VWS support is available irrespective of reason for discharge, including medical, administrative, end of career or those transitioning from the military prematurely under any other circumstance. It applies to Regular SP **and their immediate family**¹⁰ and Reserve (FTRS (HC, LC & FC), ADC and VR) SP and their families.

It is in the best interests of the identified SP and their family for a referral to be made in order that the appropriate help and interventions can be applied, and individuals must be strongly encouraged by the chain of command to give their consent for the referral to happen.

The DTS team also supports FLC business areas responsible for SP transition by providing information, guidance and support relating to referral processes and the availability and capabilities of DTS provision.

0204. To enable referrals into DTS and VWS, a new protocol has been introduced, called the [Defence Transition Referral Protocol \(DTRP\)](#).

0205. Prior to the existence of DTS, Seriously Injured Leavers (SIL) and SP with an enduring welfare need were supported by the Veterans Welfare Service (VWS), which continues to operate and sits alongside DTS within Veterans UK. Such support was accessed via the Tri-Service Welfare Referral Protocol (TSWR). The TSWR is now redundant and has been replaced by the **DTRP**. Once a referral is made, a triage process will determine if the SP should be supported by VWS and/or DTS: referring authorities (or SP or family members themselves in the event of a self-referral are not expected to decide whether they need VWS and/or DTS support. This decision will be made via the triage

¹⁰ Immediate family means spouse, and children of SP or spouse/partner. Immediate family also includes SP who cohabit (cohabitation is defined as SP living with a partner, who is not their legal spouse/civil partner, in an established Long-Term Relationship (LTR)).

process based on a number of criteria. **The DTRP should always be used in conjunction with JSP 100 and those making a referral should ensure they always use [the most up-to-date version of the form](#). Please note that old TSWR forms will no longer be accepted by Veterans UK.**

2.2 Defence Transition Referral Protocol Purpose

0206. The purpose of the DTRP is to ensure the identification and onward referral of those SP and their families, with pre and post Service issues that will endure beyond discharge. FLC chains of command should identify, using existing pastoral and welfare procedures that these SP and their families are in need of ongoing support, guidance, and information. The earlier a referral is made once these issues are known, the easier it will be for DTS and VWS to address them in a timely fashion.

0207. Referrals using the DTRP can be made on behalf of a SP or family member (see 2.3) or by the individual SP or family themselves via a self-referral (see 2.4).

2.3 Unit Referral Process

0208. Referrals made on behalf of a Service person should be done using [DTRP Form 1](#). Such referrals must be used to refer SP and their families where it is deemed that they may benefit from ongoing specialist information and support from DTS or VWS, as a result of the transitional issues they face and/or their disabling conditions, perceived/actual needs or to address any welfare requirements likely to endure post Service. Handling, storage, and transmission of DTRP Forms is to be in accordance with current General Data Protection Regulation¹¹ (GDPR) protocols.

0209. Referrals should be made by any responsible tri-Service military authority, including from within the Chain of Command or by an appropriate Unit appointment within either the welfare or transition areas of responsibility, including those involved with Defence Recovery Capability (DRC), Personnel Recovery Centres (PRC), Personnel Recovery Units (PRU), Unit Assist, Transition, Unit Welfare staff, Service Admin staff, Specialist welfare providers from all branches of the FLCs and those connected with the Military Corrective Training Centre (MCTC).

0210. This protocol can also be utilised by MOD Contractors/Partners (e.g. CTP) involved in (pre/post) discharge processes who identify SP and their families requiring additional support with transition issues where such contractors have access to a MODNET email account. Where this is not the case, MOD Contractors/Partners should use [DTRP Form 2](#) (see 2.4) either on behalf of the SP/family member or by encouraging the SP/family member to make their own self-referral where it is agreed they are able to do so.

0211. Referrals via DTRP for any SP or family member must be made with the consent of that individual *and before the individual's discharge date*. [DTRP Form 1](#) contains a compulsory 'consent to refer' section for the individual to complete as part of the referral process. There is one exception to this: If the service person being referred is currently on a unit's Vulnerable Risk Management (VRM) (Army), Sensitive Case Advice Reduction Team (SCART protocol) (Royal Navy) or Unit Welfare Register (RAF) and the unit has wellbeing or safeguarding concerns about the individual, consent to refer is not required; the referring authority should seek to secure consent but where not given, a referral may be made without completion of this section by the service person. This referral should be made

¹¹ General Data Protection Regulation.

before the SP discharges. Please ensure that up-to-date contact information is recorded on the DTRP form to facilitate their access to the client during Service and post-discharge, as required¹².

0212. Please note that an individual's membership of a VRM, SCART protocol, or Unit Welfare Register does not automatically necessitate a referral. A unit and the individual may agree that no such referral is required if there are no identified needs that require DTS or VWS support, in which case this should be recorded locally by the unit and the SP should be reminded by the unit that self-referral to DTS or VWS remains an option at any future point. This option is equally valid for SP who refuse consent to be referred to DTS or VWS.

0213. A unit must do all they can to support the individual before they discharge through extant welfare and transition processes and procedures, and this may include a DTRP referral. Should the unit be made aware of a SP's wish to be referred to VWS or DTS for support after they have left the Service, the unit should submit a [DTRP Form 1](#) with the individual's consent or encourage the individual to submit a self-referral via [DTRP Form 2](#). In extreme cases, if the individual is unable to complete the form without help, the unit should email DBSVets-UK-VetsServicesTriage@mod.gov.uk with the individual's contact details, confirmation that the individual has consented to their details being shared and requires support to complete a [DTRP Form 2](#) and a member of VWS or DTS staff will complete the form over the phone with the individual.

0214. Referrals should be made using [DTRP Form 1](#). Once completed, the form must be submitted via the 'submit' button on the form. Any concerns or queries about receipt of a referral should be directed to DBSVets-UK-VetsServicesTriage@mod.gov.uk. Please do not download the form and submit a locally held copy by email as you may find you have submitted a previous version, which will then be returned to you to rectify.

0215. On receipt, the form will be triaged and allocated to DTS or VWS as appropriate. If deemed a DTS case, a DTS case worker will contact the referring official and/or client within 5 working days to clarify and identify issues/background. Emergency short notice discharge cases will be initiated sooner. If a VWS case, existing VWS protocols will apply.

0216. The protocol and resulting support from DTS (or VWS) is designed to complement any other support available to the SP and their families, including that which units must provide in the first instance.

2.4 Self-Referral Process

0217. For an individual to refer themselves a self-referral facility exists as part of the DTRP that enables direct access to DTS/VWS. An individual SP and/or family member can utilise self-referral [DTRP Form 2](#) to initiate contact and seek appropriate support.

0218. Form 2 can also be used by third party organisations (e.g. charities and Local Authorities and MOD contractors/partners) who may be directly approached by SP and their families requiring support.

¹² Where such a referral has taken place outside the chain of command and the individual is in the WIS cohort, DTS should make best endeavours to obtain the individual's consent to inform the chain of command in order that the individual's Individual Recovery Plan (IRP) can be updated.

0219. The self-referral route using [DTRP Form 2](#) can be used either by a third party on behalf of the SP/family member or by encouraging the SP/family member to make their own self-referral where it is agreed they are able to do so.

2.5 Handling, Storage and Transmission of DTRP Form 2 is to be in accordance with current GDPR protocols

0220. Referrals via DTRP for any SP or family member must be made with the consent of that individual. [DTRP Form 2](#) contains a specific consent to refer section for the individual to complete as part of the referral process and this section must be completed. If consent is not obtained but there remain concerns about wellbeing or safeguarding, a third party or MOD Contractor referrer should email the DBSVets-UK-VetsServicesTriage@mod.gov.uk for guidance before proceeding with a referral.

0221. [DTRP Form 2](#) should be completed in full by the self-referee or the third party and submitted via DBSVets-UK-VetsServicesTriage@mod.gov.uk.

2.6 DTRP Referral Criteria

0222. DTRP referrals may be made to address transitional and/or welfare needs that will endure beyond discharge, regardless of the reason for discharge or length of Service. Support may also be accessed by immediate family members. Example transitional needs (this list is not exhaustive):

- a. Insufficient knowledge or capability to secure civilian primary healthcare and dental care outside of the military system.
- b. Ongoing healthcare needs of a family member, the treatment for which will be affected by relocation on discharge out of the Armed Forces.
- c. Insufficient knowledge or capability to navigate the civilian housing market and/or (potential) homelessness.
- d. Debt, gambling or other finance-related concerns that are likely to have a negative impact on the SP's (and their family's) ability to transition successfully.
- e. Insufficient understanding of and/or unrealistic expectations for life after the Armed Forces, which are likely to have a negative impact on the SP's (and their family's) ability to transition successfully, independently and with resilience.
- f. Unmet education or training needs of SP's children or spouse/partner due to insufficient knowledge or capability of civilian provision and/or due to difficulties caused by relocation on discharge.
- g. Requirements identified by SP or referring authority and/or request from the SP to better understand civilian support provision in line with any of the HARDFACTS (see para 0226) elements or in relation to other issues catalysed by transition.
- h. SP under very short notice Service discharge (less than 2 months' notice).
- i. Non-UK Personnel and their families with unresolved immigration requirements.

0223. Example complex healthcare needs (this list is not exhaustive):

- a. severe complex multiple injuries.
- b. head injuries requiring extended hospitalisation.
- c. spinal cord injuries.
- d. mental ill-health.
- e. amputations.
- f. loss of sight/hearing.
- g. severe burns.
- h. degenerative disease.
- i. terminal illness.

0224. Clients suffering from disability or, bereavement or requiring help to, access State benefits and applications to Armed Forces Compensation Scheme (AFCS), Armed Forces Pension Scheme (AFPS) and War Pension Scheme (WPS) (known as non-complex health cases) may also access support from VWS via the DTRP.

0225. Where MOD referral authorities are unclear as to whether a SP qualifies for VWS or DTS support, enquiries should be made to DBSVets-UK-VetsServicesTriage@mod.gov.uk.

2.7 Required Detail for a Referral

0226. All pages of a DTRP Form must be completed in sufficient detail ensuring enough information is provided to facilitate an appropriate intervention. Please complete as much detail as possible using the 'HARDFACTS' mnemonic as follows (more detail given on the DTRP forms themselves):

HHealth
Accommodation
Relocation
Drugs & Alcohol
Finance & Benefits
Attitude, Thinking & Behaviour
Children & Family
Training, Education, Employment
Support Agencies

0227. On receipt of a DTRP form further information will be requested by the triage staff if necessary, or they will advise the referring authority/self-referrer that the referral falls out of the scope of VWS or DTS support. In such cases, alternative sources of support will be suggested whenever possible. **An incomplete or insufficiently detailed referral form will be returned.** The most recent, up-to-date version of the referral forms must be used.

2.8 Timing of the Referral

0228. A referral using [DTRP Form 1](#) must be made as soon as the chain of command or relevant unit staff becomes aware of an issue that will adversely affect an SP's transition, this is particularly pertinent when discharge is imminent (within 7 days). In some cases, there may be a clear need for a referral to be made sooner than the two-year pre-discharge window and in such cases, a referral can be made at any point within the SP's career once existing routine FLC, 1st, 2nd and 3rd line¹³ support has been exhausted and there remains an issue that needs to be referred to DTS or VWS.

0229. For cases that meet the criteria for Complex Health Case referrals, i.e. for WIS SP with severe / multiple injuries or conditions in the complex health case category or those identified with a welfare requirement that may endure post-Service, including those on the NHS TILS pathway (as detailed in para 0223), referrals using [DTRP Form 1](#) should be made as soon as possible in order to allow sufficient time for the case to be effectively managed by VWS; last minute referrals are less likely to yield an effective outcome.

0230. Should a case received via DTRP require support from both VWS and DTS, it will be triaged and progressed accordingly by both teams.

2.9 On Receipt of Referrals

0231. All non-medical discharge referrals via DTRP will be triaged to DTS. A DTS case worker or case work assistant will contact the referring officer and/or client within 5 working days to establish and confirm the necessary details of the case.

0232. All medical discharge (complex or non-complex health needs) referrals for individuals with an enduring welfare need (those referrals which were previously supported via the TSWR, see 0205) via DTRP will be triaged to VWS. A VWS welfare manager will contact the referring officer and/or client within 2 working days to establish and confirm the necessary details of the case.

0233. Wherever possible and appropriate with consent, DTS or VWS staff will engage with the client *and* Chain of Command *and/or* unit staff *and* family while supporting a client to gather a requisite, thorough understanding of the client's situation before active casework commences. Such an approach is necessary to facilitate the most appropriate and sustainable support for clients. DTS/VWS staff will consider consent and specific circumstances, especially in relation to cases that include a safeguarding risk, such as those that relate to domestic violence or relationship breakdown.

2.10 Ongoing Contact and Support for those being supported by Defence Transition Services

0234. On receipt of a DTS referral, DTS staff will establish contact with the SP or their family member to determine the most suitable methods and longevity of the required contact, based on the needs or wishes of the individual (notwithstanding any safeguarding issues). DTS will assist in jointly managing, with the individual, their needs, identifying and addressing issues and applying appropriate interventions, utilising a range of key business partners or organisations

0235. DTS will continue to manage and monitor cases and undertake a supportive co-ordinating role throughout the length of the intervention. This will be in partnership with the respective FLC, while the SP is still serving, and will lead support once the individual has been discharged.

¹³ 1st line - Unit; 2nd line - FLC; 3rd line - Existing MOD services (see JSP 534 for further details), but not including DTS.

0236. It is accepted that those who are referred to DTS may need ongoing regular support from DTS, and this will be provided as long as a need requiring DTS involvement exists. DTS will continue to support for two years after discharge. Where necessary, DTS will seamlessly transfer the casework into VWS for ongoing support beyond two years after discharge.

0237. Some SP referred to DTS may not wish to continue receiving contact on a regular basis because they deem that their transitional issues have been resolved, or further needs identified have been subsequently addressed or they do not wish to be supported by DTS. Such an agreement between caseworker and client will be confirmed in writing and the client will be advised that they can contact DTS or VWS as applicable at any time in the future should their situation change.

0238. It will not always be necessary for DTS caseworkers to maintain contact in such a prescriptive way as complex health cases are handled as detailed in **2.11**. Ongoing engagement and frequency of contact will be determined and assessed by DTS staff based on need, any other influencing factors and with the agreement of the SP.

0239. Throughout all stages of support and intervention, DTS and VWS will aim to develop and promote independence, providing appropriate advice, support, and intervention solutions to assist achievement of goals, aspirations, and opportunities, to enable a successful transition to civilian life.

2.11 Ongoing Contact and Support for Complex and Non-Complex Health Cases being supported by VWS

0240. 'Complex and non-complex health cases' refers to those SP who meet the criteria laid out in **2.6** above. The response to such cases is laid out in specific protocol, which includes prescribed periods of maintained contact between VWS and the client.

0241. Before the point of discharge, the referring authority/in-Service welfare provider will retain responsibility for the SP and their family and wherever possible should try to facilitate as much resolution as possible for issues that need to be addressed before transition. VWS can assist or provide mutual support to help resolve casework issues. Certain specific issues could still fall under the responsibility of the in-Service provider until fully resolved, which will be determined on a case-by-case basis by VWS.

0242. The referring authority / in-Service welfare provider will maintain contact (if required) with the SP and/or VWS Welfare Manager for up to 12 weeks after discharge to discuss outcomes and determine who remains responsible for outstanding actions to resolve a case. The level of contact can be adjusted depending on the type of case or whether in-Service involvement is needed.

0243. The full transfer of responsibility from referring authority/in-Service welfare providers to VWS must take place on discharge, although certain specific issues could fall under the responsibility of the in-service provider until resolved e.g. Additional Needs Adaptations. The in-Service welfare provider and VWS Welfare Manager should consider on a case-by-case basis, meeting with the SP/family etc in a case conference to make an agreed transfer of welfare responsibility from in-Service to VWS before discharge. The full details of any handover discussion must be recorded by both the referring authority and VWS in their case notes and responsibility for taking forward further work to assist the Veteran and their family must be clearly identified and conveyed in the form of an action plan.

0244. VWS operates two different support protocols dependant on whether the SP has been identified on the referral as having non-complex or complex health care needs.

0245. For those with non-complex health care needs VWS will provide a minimum of 12 months support under the Transitional Welfare Requirement (TWR) protocol. VWS will maintain regular contact with the individual by undertaking home visits up to 6 months after discharge, (additional home visits can be undertaken by VWS in months 9 and 12 after discharge, if client needs / wishes dictate) along with telephone calls as determined by the casework activity / need of the individual. VWS Welfare Manager will continue to work with individuals to ensure needs are addressed wherever possible and ensure appropriate engagement with relevant organisations or agencies is facilitated where required. Where it is identified at the end of the 12-month protocol that the individual continues to require support then the VWS Welfare Manager will continue to provide that support for as long as required.

0246. For those with complex health care needs VWS will provide a minimum 24-month support under the Seriously Injured Leavers (SIL) protocol. VWS will maintain regular contact with the individual by undertaking home visits up to 6 months after discharge, (additional home visits can be undertaken by VWS in months 9,12,15 and 24 after discharge, if client needs / wishes dictate) along with telephone calls as determined by the casework activity / need of the individual. VWS Welfare Manager will continue to work with individuals to ensure needs are addressed wherever possible and ensure appropriate engagement with relevant organisations or agencies is facilitated where required. Where it is identified at the end of the 24-month protocol that the individual continues to require support then the VWS Welfare Manager will continue to provide that support for as long as required.

0247. It will not always be necessary for VWS Welfare Managers to maintain contact as described above. Ongoing engagement and frequency of contact will be determined and assessed on need, any other influencing factors and with the agreement of the Veteran. VWS will in such cases confirm with the Veteran the wish to withdraw from current VWS support, ask that they sign a disclaimer (welfare 17) to this effect whilst ensuring they are aware they can contact VWS at any time in the future should their situation change.

2.12 Personnel Serving or Resettling Overseas

0248. For SP serving overseas, but intending to return to the UK on discharge, the allocated point of contact for DTS or VWS support will be a DTS team member or VWS Welfare Manager local to their intended place of residence in the UK.

0249. SL choosing to settle overseas will be provided with as much assistance as possible but please be aware that such assistance may be limited to signposting only.

0250. DTS or VWS services may be available in the Republic of Ireland and will be deemed on a case-by-case basis considering the individual issues presented. SP and veterans living overseas will be expected to approach their local British Embassy or British Consulate for assistance with health issues attributable to, or aggravated by, Service. There is a Service Level Agreement between the Foreign, Commonwealth and Development Office (FCDO) and Veterans UK which details the terms of this arrangement. Some limited support can be provided via telephone or e-mail on UK related matters only.

3 Health and Wellbeing

3.1 Introduction

0301. Health is defined by the World Health Organisation (WHO) as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. Reflecting this definition, and the wider determinants of health as defined by WHO¹⁴, the MOD recognises that appropriate application of all HARDFACTS principles can impact positively on the health and wellbeing of a SP. The Chief of Defence People is the Defence Authority for health, with delivery and support provided by the FLCs, Defence Medical Services (DMS) and other key stakeholders. Adherence to this *whole system for health* within the *Promote, Prevent, Detect* and *Treat* operating model¹⁵, ensures a SP can transition back into wider society in an optimum state of mental and physical health and wellbeing. This principle aligns with the principles of the Armed Forces Covenant, ensuring that Armed Forces personnel and their families are not disadvantaged within wider society, either during their time in the Service or in their lives after their Service career.

3.2 Transfer of Stakeholder Responsibilities

0302. MOD aims to realise health benefits at the individual, employer and, in the longer-term, societal level. Whilst an individual is serving in the Armed Forces, much of the responsibility for the maintenance of health and wellbeing lies at both the individual and organisational level; for example, the requirement to maintain a minimum level of personal physical fitness, as well as the provision of welfare Services, human resources and personnel support, chain of command management and healthcare for eligible personnel¹⁶. On leaving the Service, most of this responsibility is transferred to the individual and to society, and for healthcare the NHS. For example, an individual will be responsible for registering with a new civilian General Practitioner, gaining access to welfare services or for choosing to maintain their own levels of personal fitness. Welfare and healthcare responsibilities for veterans, and appropriate others, are held by the Department of Health and Social Care, the Devolved Administrations (DAs) and National Health Service (NHS) respectively. In some cases, further support is available by the third sector and veterans’ agencies. It is vital that MOD provides coherent guidance to the individual as this stakeholder transition takes place.

3.3 Levels of Transition

0303. Most SP will transition from the Service in good health and with no ongoing healthcare or welfare requirements. Some will transition with ongoing healthcare and/or welfare needs where their injury or illness may or may not be attributable to their service. A minority will leave the Service with complex and on-going healthcare and welfare needs. The latter two cohorts are likely to require support provided by the DRC (see JSP 770 Chapter 6 and below). MOD must ensure that, **for individuals from all three cohorts**, robust and coherent processes are in place to provide a seamless and safe health-related transition. Health transition policy is therefore applicable to all SP.

¹⁴ Social and economic environment, physical environment, individual characteristics and behaviours

¹⁵ Defence People Mental Health and Wellbeing Strategy 2017.

¹⁶ Including primary healthcare, occupational health, deployed secondary healthcare, dental, rehabilitation, mental health services and aeromedical evacuation for entitled personnel; see JSP 770 - Tri-Service Operational and Non-Operational Welfare Policy, Appendix 4 - Medical Policy. Firm base secondary healthcare is provided by NHS(England) or respective Devolved Administration.

3.4 Health Transition - Stakeholder Responsibilities

0304. **Individual.** There are several procedures an individual must follow when preparing to leave the Service. Guidance and further resources can be found in the [Service Leavers' Guide](#) available on the GOV.UK website. Registering with an NHS General Practitioner (GP) (for individuals and families as appropriate) as soon as possible is important, ideally prior to leaving the Service. This will allow for timely transfer of medical records, ensuring they are in place before or subsequent to further treatment being needed. NHS access to an individual's medical record will enable priority treatment for conditions resulting from Service, subject to clinical need. It will also enable, where required, referral to bespoke veteran-specific services such as physical health, prosthetic support, mental healthcare, or a combination.

0305. The following health transition actions are to be carried out by the individual:

- a. 6-9 months before discharge:
 - (1) arrange to have final medical examination at current unit.
 - (2) there is no requirement to be dentally fit or have all treatment completed on leaving the Service. However, where DPHC Dental resources permit, personnel who wish to receive a final dental inspection and any routine treatment before leaving should arrange an appointment at least 6 months prior to discharge (JSP 950 1-3-4)
- b. 3-6 months before discharge:
 - (1) ensure receipt of FMed 133¹⁷ from medical centre.
 - (2) ensure receipt of NHS 'welcome letter' from medical centre; this will provide advice for accessing NHS primary healthcare services.
 - (3) individuals who wish to obtain a copy of their dental documents may do so by using a Subject Access Request (SAR). The process is JSP 950 Leaflet 1-2-11, and [2018DIN05-016](#). More general information about SAR and the General Data Protection Regulations can be found [here](#). Service leavers dental records are archived centrally on discharge and are not forwarded on to their chosen dental practice (NHS or private) (JSP 950 1-3-4).
- c. 1-3 months before discharge:
 - (1) check medical and dental documents are with discharge unit.
 - (2) attend final medical examination.
 - (3) register with NHS GP, ensuring:

¹⁷ The FMed 133 consists of a brief summary of disabilities, immunisations, clinical conditions and any significant treatments received. Full details in JSP 950 Volume 1, Chapter 3, Leaflet 1-3-4.

- (a) notification of service in the Armed Forces. However, some individuals may not wish to be identified as a veteran; in this case the individual's request is to be upheld.
- (b) completion of GMS1 form¹⁸.

(4) register with NHS dentist or private dentist depending on availability and geographical location. NHS dentists can be found online at the following links by country: [England](#), [Wales](#), [Scotland](#) and [Northern Ireland](#). It is recommended that Service families already registered with an NHS dentist, stay registered at that location, if geographically feasible, until registration is possible with a closer NHS dentist.

d. post-discharge:

(1) any difficulties obtaining medical or dental records are to be raised with the appropriate FLC disclosure organisations via [Veterans UK](#).

(2) those personnel who are Wounded, Injured or Sick and covered by the DRC will be supported through/beyond the discharge process in accordance with tri-Service and FLC Recovery policies.

(3) personnel who wish to access their dental records after discharge can do so using the SAR process, detailed [here](#). Discharged personnel should contact the following respective Service addresses, regarding their SAR.

(a) Royal Navy – RN Service Leavers, Institute of Naval Medicine, Crescent Road, Alverstoke, PO12 2DL.
NavyINM-RNServiceLeavers@mod.gov.uk

(b) Army – Army Personnel Centre, Disclosure 3, Mail point 525, Kentigern House, 65 Brown Street, Glasgow, G2 8EX.
apc-sp-disclosures3@mod.uk

(c) Royal Air Force - RAF Disclosures, Room 15, Trenchard Hall, RAF Cranwell, Sleaford, Lincolnshire, NG34 8HB.
air-cospers-disclosures@mod.gov.uk

(d) Royal Fleet Auxiliary - RFA Pers Ops, Room 13, Mail Point G1, West Battery, Whale Island, Portsmouth, PO2 8DX.

0306. Chain of Command. The MOD has a moral responsibility to ensure that the individual has instigated the medical discharge process in accordance with the above and within the required timelines. The chain of command should ensure that this is carried out. Before final interviews, line managers are also to ensure the appropriate medical and HR support is being provided in accordance with this policy.

0307. Unit HR. The MOD has an obligation to ensure SP are provided with direction and guidance for accessing healthcare following their discharge from Service. FLC discharge processes are to include the following:

¹⁸ Family Doctor Services Registration Form (GSM1) available at any NHS GP surgery or at www.nhs.co.uk. In Scotland, this is GMSGPR001 found at Registering with a GP practice | NHS inform ²⁰ Or private dentist depending on availability and geographical location.

- a. issue of the [Service Leavers' Guide](#) (available electronically on the GOV.UK website).
- b. a final check that a discharge medical appointment has been completed and that the individual has been issued with the following by the unit medical centre:
 - (1) FMed 133 (in accordance with JSP 950 Volume 1, Chapter 3, Leaflet 1-3-4).
 - (2) NHS 'Welcome' letter.
- c. A final check that the individual has been advised with strong encouragement to register with a new civilian GP and Dentist¹⁹.

3.5 Defence Medical and Dental Services

0308. The DMS, working closely with the NHS, is to ensure a robust medical records process is in place to enable timely and efficient transfer of medical records to the new NHS GP practice, once the discharged Service leaver has registered. This is to be electronic where practicable²⁰.

0309. The DMS, via Headquarters Defence Primary Healthcare (HQ DPHC) and unit medical centres, is to ensure discharge medicals include the following:

- a. issue of FMed 133 to SP.
- b. issue of '*NHS Joining Letter*' to SP, whilst issuing advice on the benefits of a SP once discharged registering with a new GP:
 - (1) timely and efficient transfer of medical records.
 - (2) priority access to healthcare for service attributable conditions, subject to clinical condition.
 - (3) access to bespoke medical pathways where appropriate (see policy references below).

0310. More detailed DPHC responsibilities regarding healthcare transition can be found in the following policy documents:

- a. JSP 950 - Medical Policy, Volume 1, Chapter 2, Leaflet 1-2-1: [Defence Health Record Release on Discharge from the Armed Forces](#).
- b. JSP 950 - Medical Policy, Volume 1, Chapter 3, Leaflet 1-3-4: [Healthcare Transition Arrangements for Military Personnel Leaving DMS Care](#).
- c. JSP 950 - Medical Policy, Volume 6, Chapter 7, Leaflet 6-7-7: [Joint Service Manual of Medical Fitness, Chapter 6: Harmonisation of Medical Boards Leading to Discharge](#).

¹⁹ Personnel are to be advised that some UK locations may require registration with a private dentist.

²⁰ Where patients are moving outside the UK, a hard or soft copy must be provided to the patient.

3.6 Bespoke Healthcare Pathways

0311. There are a range of bespoke healthcare transition processes²¹ and pathways in place, both pre- and post-Service, to ensure continuity of healthcare and welfare provision, or to highlight potential requirements, on discharge from Service. Specific references are listed below:

a. **JSP 950 - Medical Policy:**

(1) Volume 1, Chapter 3, Leaflet 1-3-4: [Healthcare Transition Arrangements for Military Personnel Leaving DMS Care](#).

a. Annex A: Transition of Military Patients with Neurological Conditions from Defence Medical Services to the NHS/Third Sector.

b. Annex B: Transition of Mental Healthcare for Military Personnel from Defence Medical Services to the Civilian Sector.

b. Armed Forces personnel in transition, Integrated Personal Commissioning for Veterans (IPC4V) – see paras 0313-0314 and Annex D.

3.7 Defence Recovery Capability (DRC)

0312. The DRC exists to deliver a conducive military environment within which all **servicing** Wounded, Injured and Sick (WIS) personnel receive the appropriate support to enable an effective return to duty or transition to a supported civilian life²². WIS personnel include all those SP, including mobilised Reservists, who are unable to undertake their normal duties, within defined medical categories. The DRC is a MOD owned capability designed to deliver programmed, command-led and coordinated support to WIS personnel. It is delivered through FLC Recovery Pathways drawing on the resources of FLC-led Personnel Recovery Units (PRU), Personnel Recovery Centres (PRCs) run in partnership with Service charities, and specialist centres such as the Battle Back Centre. The Recovery Pathway takes an individual from the point of wounding, injury, or sickness to a recovery outcome of a return to duty, or where not possible, transition to a supported civilian life. The recovery pathway complements and is intrinsically linked to the clinical pathway. Defence Recovery Policy references are detailed below whilst there remain FLC policies subsidiary to this:

a. JSP 661 Annex T: Tri-Service Recovery Policy.

b. The Royal Navy Recovery Pathway Booklet.

c. BRD 3(1) Chapter 33: The Royal Navy Recovery Pathway.

d. Army General and Administrative Instructions Volume 33 Chapter 99: Command and Care of Wounded, Injured and Sick SP.

e. Air Publication 3392 Volume 5 Management Instructions Leaflet 125: Management of RAF Personnel on Long Term Sickness Absence (RAF Recovery Pathway).

²¹ For example, Op COURAGE, MH Transition Intervention and Liaison Service (TILS).

²² JSP 770, Tri-Service Recovery Capability, Annex T.

- f. Defence Transition Referral Protocol ([available on GOV.UK](#); see Annexes G and H).

3.8 ARMED FORCES PERSONNEL IN TRANSITION, INTEGRATED PERSONAL COMMISSIONING FOR VETERANS

3.9 Background

0313. The Armed Forces personnel in transition, Integrated Personal Commissioning for Veterans (IPC4V) Framework is a personalised care approach for the small number of Armed Forces personnel who have complex and enduring physical, neurological, and mental health conditions resulting from injury whilst in Service to ensure they are effectively cared for and supported as they transition to civilian life and beyond.

0314. Developed by NHS England and MOD, along with patients and their families, IPC4V provides a framework for effectively planning and delivering personalised care, focusing on what is important to the individual. The IPC4V Framework is has been published on the [NHS England website](#).

0315. Individuals who are eligible for IPC4V are proactively identified by medical staff while they are on the Defence Recovery Pathway. The IPC4V Framework should be consulted as it contains more detailed information on the framework and personal health budgets. An additional funding stream is available from MOD for specific IPC4V cases, eligibility of which is defined in Annex D.

4 Non-UK Personnel

4.1 General

0401. Preparation for transition is important for all Service Personnel and their families but this process has additional challenges for non-UK Personnel (Commonwealth citizens, Gurkhas, Nepalese citizens who have transferred out of the Brigade of Gurkhas to serve in the wider Armed Forces, British Overseas Territory Citizens, British Overseas Citizens and British National (Overseas) Citizens (formerly termed 'Foreign and Commonwealth Personnel')) serving in the UK Armed Forces. There are financial, legal and immigration considerations that specifically apply to non-UK Personnel and non-UK families, whether they intend to remain in the UK after the Service Person's discharge or move overseas. This Chapter draws attention to this cohort as a specific area that the chain of command must consider.

0402. Non-UK Personnel must have the same access to transition information and support as UK Personnel, and there is a specific section for them in the Service Leavers Guide (noting the limitations for personnel relocating overseas at Chapter 2, para 0259 and Chapter 4, para 0411 of this policy). In addition, appropriate information must be made available to non-UK Service Personnel and non-UK families to support them in making timely, well-informed decisions and arrangements whilst in Service, and for their future civilian life, should they choose to remain in the UK after the Service Person's discharge.

0403. Where the termination of service for a non-UK Service Person presents transitional or ongoing welfare needs for the Service Person and/or their family, a referral to MOD Veterans UK's Defence Transition Services (DTS) should be made (further information is contained in Chapter 2 of this JSP and gov.uk²³, or the Service Person can make a self-referral). Timely referral to DTS is paramount to facilitate a positive outcome, especially where immigration features as part of a case.

4.2 Regularisation of Immigration Status

0404. While in service, non-UK Service Personnel are exempt from immigration control. The Service Person's exemption from immigration control will cease following discharge on termination of Service.

0405. Army PoISec is the Defence lead for non-UK immigration, nationality, and recruitment policy. Each of the single Services has specific policy for the management of non-UK Service Personnel²⁴.

0406. Service Personnel who remain in the UK beyond 28 days after discharge without having, or having applied for, valid immigration status will not be entitled to work, or publicly funded healthcare, or have access to local authority housing, benefits, or any other form of public funds. Even if their passport still contains the exemption stamp, they will be recorded by UK Visas and Immigration (UKVI) as having left the Armed Forces. This will also show up when any future prospective employer conducts a statutory right to work check.

0407. The following information provides generic reference to UKVI rules and processes applicable to non-UK Service Personnel and non-UK family members. Non-UK Service

²³ [Help for service leavers from Defence Transition Services](#) - GOV.UK.

²⁴ RN: [BRd 3\(1\) Chapter 19 - Supporting Commonwealth and Non-UK Naval Personnel](#) (r.mil.uk); Army: [AGAI 050](#); RAF: tbc.

Personnel and non-UK family members should seek Office of the Immigration Services Commissioner (OISC) accredited advice²⁵.

a. **Non-UK Service Personnel.** Non-UK Personnel can only apply for settlement (Indefinite Leave to Remain/Enter) as they prepare to leave Service, providing they can meet the Home Office suitability and eligibility requirements to be an Armed Forces Veteran. It is the Service Person's responsibility to regularise their own immigration status. This should be done under the [Immigration Rules Appendix Armed Forces](#) rules using the appropriate [Indefinite Leave to Remain \(Armed Forces\) application process](#) up to 18 weeks before service is terminated or within 28 days of discharge. Entitled Service Personnel considering settlement are strongly encouraged to apply 18 weeks before discharge to obtain the appropriate permissions to work and live in the UK at the earliest opportunity, which will assist them planning for transition. Those Service Personnel who meet Home Office criteria and are discharging with six years' service or more, or are being discharged for medical reasons, irrespective of length of Service, can apply for settlement (Indefinite Leave to Remain/Indefinite Leave to Enter) at public expense. Service Personnel who choose to leave the Service with at least four years' service but have not served for at least six years will still be able to make an application at personal expense.

b. **Non-UK Family Members.** It is the responsibility of the Service Person and/or their family to regularise their immigration status. Eligible family members should use the rules at [Immigration Rules Appendix Armed Forces](#), using the appropriate application processes listed below and, if required, referring to guidance given by the [Army Families Federation](#). Family members can submit applications under [Immigration Rules Appendix Armed Forces](#) irrespective of whether the Service Person is in service, is terminating or is a veteran – provided that eligibility criteria have been met and that any application is dependent upon the family previously having leave under 'Appendix AF' rules or are entering the UK within 2 years of the Service Person's discharge.

(1) **Limited Leave to Enter.** The Limited Leave to Enter process²⁶ should be used for the family's initial entry to the UK.

(2) **Further Leave to Remain.** The Further Leave to Remain process²⁷, and UKVI online form FLR(AF), should be used to extend the initial Leave to Enter immigration status, which could be used by family members who are not yet eligible for Indefinite Leave to Remain.

(3) **Indefinite Leave to Remain.** The [Indefinite Leave to Remain process](#), and UKVI online form SET(AF), should be used to apply for Indefinite Leave to Remain (also known as 'settlement') in the UK as a dependant of a serving or former member of HM Forces (this is the same process for Serving Personnel to use when approaching their discharge).

0408. **Unit HR.** Units are to give UKVI warning of the date of termination from the Armed Forces by completing Part A of the Home Office Notification Form [AFC 07037](#) and emailing

²⁵ OISC advice: AFF F&C Specialist at fandc@aff.org.uk, or NFF non-UK specialist Peter.Hawley@nff.org.uk.

²⁶ Limited Leave to Enter: <https://visas-immigration.service.gov.uk/apply-visa-type/funnel> - select 'Join or accompany a family member', then select 'A current or former member of UK Armed Forces'.

²⁷ Further Leave to Remain: <https://visas-immigration.service.gov.uk/product/flr-af> - under 'Category of Leave' select the relevant box under the 'Appendix Armed Forces' category.

UKVI using the address armedforcesdischarge@homeoffice.gov.uk. Once UKVI receives Part A they will issue a receipt to the Unit and a notice to any Service Person who has not regularised their immigration status. On the final day of service, the Unit must complete Part B of the form ensuring that the Service Person and Unit sign the declaration and e-mail the whole form again to UKVI.

0409. Non-UK Personnel should be briefed by the chain of command at least 6 months prior to termination of service, to inform them of the process to expect and to prompt any necessary action:

a. It is the Service Person's responsibility to apply to regularise the immigration status for them and their entitled family members, or to leave the country after termination of service. Applications should be made under the arrangements described in paragraph 0407.

b. Rules on criminality or Service discipline offences on applications for Settlement or Citizenship have been incorporated into [2017DIN01-049](#) and further details are contained in [HM Forces: Criminality](#). Applicants for settlement or naturalisation must disclose all criminal convictions (spent or unspent) on their application forms. If in doubt individuals with criminal convictions should seek qualified immigration²⁸ advice before applying for settlement.

c. On the day a non-UK Service Person's service is terminated their 'Exemption from UK Immigration Control' status is cancelled by UKVI and they become subject to UK immigration control. If the Unit has submitted the Home Office Notification Form [AFC 07037](#), UKVI will issue the Service Person with 28 days' notice to regularise their immigration status if they have not already applied to do so.

d. If a valid application to regularise immigration status is submitted after termination of service and during the 28 days' notice period, the individual can remain in the UK legally during the consideration process but only as a civilian (under [Section 3c](#) rules).

e. Non-UK Veterans who have exited the UK have a two-year period following discharge in which to submit an application for Indefinite Leave to Enter the UK, referring to [Immigration Rules Appendix Armed Forces](#). It is also open to eligible non-UK Veterans who have remained in the UK but not regularised their immigration status to still make an application no matter how long ago they were discharged.

0410. **British Citizenship (Naturalisation).**

a. **Non-UK Service Personnel.** Service Personnel do not need British Citizenship for Service reasons. Individuals can apply to become a British Citizen, while in service, if they meet the necessary requirements, but an application is a personal choice and made at personal cost. Details and guidance can be found at on [GOV.UK](#). Before applying for British Citizenship, individuals should seek advice from their own High Commission on the implications of holding dual citizenship. Gaining British Citizenship will affect eligibility for Domiciled Collective Leave (DOMCOL), Get You Home (Overseas) (GYH(O)), casualty repatriation and compassionate travel

²⁸ The Army Families' Federation and Navy Families' Federation have OISC qualified personnel that can provide this OISC advice: AFF F&C Specialist at fandc@aff.org.uk, or NFF non-UK specialist Peter.Hawley@nff.org.uk or contactus@nff.org.uk.

entitlement; individuals should seek advice from their Unit HR. If British Citizenship is granted, the Service Person should inform their Unit HR so that JPA can be updated.

b. **Gurkhas.** Gurkha Service Personnel cannot be granted British Citizenship while serving in the Brigade of Gurkhas. They can apply, provided they have met the eligibility criteria, following discharge or transfer to the Regular Armed Forces. Further details are contained in AGAI Volume 2 Chapter 50.

c. **Non-UK Family Members.** Unlike Service Personnel, eligible non-UK family members are required to have Indefinite Leave or permanent residency prior to applying for citizenship. Time spent on an overseas assignment will count as residence in the UK provided that the applicant was physically in the UK on the first day of the residential qualifying period. Different rules apply to family members of Gurkha Service Personnel.

4.3 Termination of Service Overseas

0411. Termination of service normally takes place in the UK but can take place overseas at the Service Person's request. Nepalese citizens (Gurkhas) are enlisted in Nepal and thus can opt to have their service terminated in Nepal. Units terminating Service Personnel outside the UK must have the authority of the overseas Commander. Personnel should seek advice on housing and immigration implications and status (including for entitled family members) including any UK entry restrictions and issues if they choose to try to regularise immigration status overseas.

4.4 Early Departure Termination

0412. Where an early departure termination (Medical, Administrative or Discipline) has been recommended, the Unit managing the termination must take account of the immigration timelines for settlement application and raise any concerns about the Service Person's settlement, as well as the implications for their entitled family members, to the chain of command as soon as possible and take this into account when setting the termination date. For overseas Units this includes the timely return to the UK for the Service Person and entitled family members to prepare for transition towards termination, noting the policy for entitlement to occupy Service Families Accommodation (SFA) in JSP 464.

a. **Medical Discharge Less than 4 Years' Service.** Where a Service Person is medically discharged with less than 4 years' service (i.e. is an Early Service Leaver), UKVI will consider settlement applications where the medical discharge is attributable to service in the Armed Forces. In all cases Service Personnel will have to submit supporting medical evidence with their application to UKVI and, if required, Service Personnel should seek OISC accredited immigration advice²⁹. Extensions to discharge dates are not given for immigration reasons. Indefinite Leave to Remain/Indefinite Leave to Enter fees will be paid at public expense, if they meet all other HO criteria

b. **Other Forms of Termination of Service with Less than 4 Years' Service.** There is no discretion within the Appendix Armed Forces rules for settlement to be granted to those terminating with less than 4 years' service. Units should advise

²⁹ OISC advice: AFF F&C Specialist at fandc@aff.org.uk, or NFF non-UK specialist Peter.Hawley@nff.org.uk.

Service Personnel to seek OISC qualified immigration advice³⁰ before they submit any application to UKVI for leave to remain (on any other immigration route). If the Unit has submitted the Home Office Notification Form [AFC 07037](#), UKVI will issue the Service Person with 28 days' notice to regularise their immigration status if they have not already applied to do so. Those Service Personnel who have not regularised their immigration status may be eligible for Further Leave to Remain on a different immigration route or would be expected to leave the country.

c. **Termination before or after Custodial Sentence.** Before a Service Person's service is terminated, before or after a custodial sentence, the terminating Unit must consider any welfare, financial or immigration issues that will impact on the family, if in any doubt, Units should seek early advice from their chain of command. When service is terminated under these conditions UKVI must be informed on Home Office Notification Form [AFC 07037](#).

4.5 Costs and the Need for Transition Planning

0413. Non-UK Personnel are strongly advised to start saving money from the day they enlist to meet family entry visa costs and future settlement visa costs for them and their family. This can be done in several ways, including through an Armed Forces Credit Union.

0414. The information being made available to Non-UK Personnel must also include details on the MOD-approved [Joining Forces Credit Union](#) and their plans and information to help save for visa fees during career.

³⁰ OISC advice: AFF F&C Specialist at fandc@aff.org.uk, or NFF non-UK specialist Peter.Hawley@nff.org.uk.

5 Housing and Duty to Refer

5.1 Introduction

0501. This chapter provides details of the (England only) legal 'Duty to Refer' that places a specific duty on public authorities to refer individuals leaving their employment or care who are at risk of homelessness, to an England only local housing authority. The aim of the instruction is to make all FLCs³¹ aware that the Secretary of State for Defence, on behalf of the Armed Forces, now has a legal obligation to refer.

0502. Housing is a devolved issue and as such is the responsibility of the respective Devolved Administrations. Local arrangements will apply.

- a. In Wales, visit [National Housing Pathway for Veterans](#).
- b. In Scotland, visit [Housing](#) (www.gov.scot).
- c. In Northern Ireland, local arrangements will apply.

5.2 Homelessness Reduction Act 2017

0503. The Homelessness Reduction Act 2017 significantly reformed England's homelessness legislation by placing duties on local housing authorities to intervene at earlier stages to prevent homelessness in their areas, and to provide appropriate services to those who are eligible. The 'Duty to Refer' will help ensure that the providers of these services are working together effectively to prevent homelessness by ensuring that an individual's housing needs are considered when they encounter public authorities.

0504. Under the Act, the Secretary of State for Defence in relation to members of the Regular Armed Forces, is considered a public authority and is subject to the 'Duty to Refer' which applies to England only. The legal duty does not apply in Scotland, Wales, and Northern Ireland. For members of the Armed Forces at risk of homelessness and who are based in these countries, or who will be settling into these countries after discharge, there is still a moral 'Duty to Refer' to the relevant local authority using the existing procedures FLCs have in place (reflecting direction in JSP 770), and which must continue.

5.3 Front Line Commands Requirement

0505. Although there are no major changes to the previous process of referring SP at risk of homelessness to Local Authorities by existing welfare channels using Unit Welfare staff, FLCs must apply the following points and amend their existing procedures where necessary to ensure compliance:

- a. Continue to provide existing welfare support and to refer those at risk of homelessness to the relevant Local Authority regardless of the SP's unit location within UK.

³¹ All FLCs are to be aware of the legal duty to refer as affected SP could be employed in any of the FLCs, in any location.

- b. MOD now has legal 'Duty to Refer' those at risk of homelessness to a Local Authority (in England) and a moral 'Duty to Refer' to a Local Authority in Scotland, Wales, and Northern Ireland.
- c. For units based in Scotland, Wales or Northern Ireland, or units based abroad with SP who intend settling in Scotland, Wales, or Northern Ireland, FLCs must refer a SP who is at risk of homelessness, who consents and nominates a Local Authority in a Devolved Administration.
- d. FLCs must liaise at local level with Local Authorities to see if current referral processes remain suitable in the light of any changes which individual Local Authorities may make to their own procedures, that are likely to vary between different Local Authorities.
- e. A SP at risk of homelessness has the right to choose which local authority they are referred to for housing³².
- f. A referral cannot be made without the consent of the SP. The SP must have the purpose of the referral explained to them by their unit and must consent to information and contact details being passed on to the local housing authority. A written form of consent is preferred, but oral consent is acceptable.
- g. If consent has been given, and a SP does not know where they are intending to settle on discharge, the referral must be made to the Local Authority in whose catchment area the local discharging unit is located. For Strategic Command and other overseas based units, this Local Authority will be deemed to be the one in whose catchment area the individual's last UK-based unit was located. This then discharges the Armed Forces' 'Duty to Refer'.
- h. If a SP refuses to give consent for a referral to be made, this must be recorded at local unit level. No further action is required and the Armed Forces' 'Duty to Refer' is discharged.
- i. Appropriate records must be kept so that FLCs can demonstrate their 'Duty to Refer' responsibilities have been discharged for governance purposes. Unit Discharge Staff must ensure that both refusals to give consent, and referral to local authorities for those at risk of homelessness is recorded within the corresponding discharge documentation.

5.4 Additional Information

0506. Further guidance about the 'Duty to Refer' is given in [A Guide to the Duty to Refer](#), which should be read by those responsible for assessing whether a referral needs to be made.

³² To note - it is important to be aware that local housing authorities owe more duties towards homeless applicants who have a local connection with their area, and so a local housing authority might subsequently refer on to another local housing authority somebody who is homeless and applying to them for help.

6 Veterans' Recognition

6.1 RETENTION OF MOD FORM 90

6.2 Introduction

0601. This chapter provides details of the change in policy to allow the retention of a modified MOD Form 90 (also known as Defence Identity Card (DIDC)) on leaving the Armed Forces. The change has been reflected in [JSP 440 - The Defence Manual of Security](#).

6.3 Purpose and FLC Requirement

0602. The retention of MOD Form 90 is the first step under the [Strategy for our Veterans](#) that recognises a Veteran's contribution to the Armed Forces. Its aim is to provide an emotional and tangible link to their Service that can be easily recognised. Although it can provide immediate verification that the individual is a Veteran for services such as Veterans UK, public sector service providers (such as local authorities and GPs) and the Ex-Service charities, it should not be relied upon as the card is in effect a cancelled document. The Veterans' ID (Recognition) card should be used as the official verifier of service if held.

0603. Previous preceding policy directed that an individual must surrender their MOD Form 90 when leaving the Armed Forces, at which point it was destroyed. This is now rescinded and the change in policy will give SP the option to retain a security approved modified MOD Form 90 on leaving the Armed Forces. The Directorate of Security and Resilience direct that to allow SP to retain their MOD Form 90 a minimum modification of the ID must be carried out and this must include the partial removal of the expiry date and the hologram by clipping the two opposite corners. The precise specification of the required modification is given as a separate instruction at Annex E. The modification will be carried out on site by the administering unit through existing Unit Human Resources discharge procedures, and the MOD Form 90 may be returned to the SP for them to keep if they wish. If the SP does not wish to keep a modified MOD Form 90 then it must be returned and destroyed in line with current FLC policy (see Annex E for full instruction on modification of MOD Form 90).

0604. This policy on MOD Form 90 retention applies only to Regular and Reserve SP of the UK Armed Forces on discharge. It does not apply to any other category of MOD Form 90 ID card holder. This policy cannot be applied retrospectively for existing Veterans who have already surrendered their MOD Form 90. The modified MOD Form 90 cannot be replaced if it is lost, damaged or stolen and neither can it be updated if the photo ceases to resemble the individual as they age. The modified MOD Form 90 cannot be used by veterans to gain access to military sites neither can it be used to obtain Veterans' discounts through the Defence Discount Service (DDS). Veterans are to continue using the DDS Privilege Card for official discounts as this is the only officially endorsed method of accessing discounts.

0605. For further details, please refer to the Unit HR Guide at Annex E.

6.4 VETERANS' ID (RECOGNITION) CARD – MOD FORM 100

6.5 Introduction

0606. As announced by the Prime Minister in December 2017 and as a key deliverable and

enabler of the [Strategy for our Veterans](#), a new Veterans ID Card was launched on 18 Feb 2019, for those who left Service on or after 17 Dec 2018, and will be available alongside the modified MOD Form 90 to recognise service.

6.6 Purpose and Issue

0607. The new card has the nomenclature 'MOD Form 100' and has two functions: to provide a memento of service and maintain a tangible link to the Armed Forces, and to ensure that public and charitable sector services and support can be provided where needed by Veterans as efficiently as possible. Previously, there was no way for existing Veterans to easily prove the fact that they have served, and the administrative burden on providers when verifying that a person is a Veteran can be considerable, both in time and cost.

0608. The Veterans' ID (Recognition) card will be released in a series of phases, with Phase 1 already launched in Feb 19. The aim is to enable further cohorts (TBC) of Veterans to apply for a card as soon as practicable.

a. **Phase 1.** The Veterans' ID Card was launched on 18 Feb 2019 and was made available to all SP as part of the discharge process. This was applied retrospectively to all SP discharged on after 17 Dec 2018.

b. **Phase 2.** A further cohort of Veterans will be able to apply for an ID card as soon as practicable. The latest information is available at [Veterans ID cards latest update](#).

0609. The Veterans' ID (Recognition) card is a mandatory issue for SP from 17 Dec 2018 and is part of the 'Service Leavers Pack' upon leaving the Service. It will be issued by post for SP automatically by Defence Business Services (DBS), normally within one month of discharge. No specific unit administrative action is required to be taken in respect of the Veterans' ID (Recognition) card as this is part of DBS discharge administration. For all other Veterans, the card will be available for application as soon as practicable. The card will last for ten years from the date issue and can be replaced if it is lost, damaged or stolen. However, replacements within the ten-year card cycle may result in a small nominal fee. In line with the modified MOD Form 90, the Veterans' ID (Recognition) card **will not** allow access to military sites, neither can it be used to obtain Veterans' discounts through the Defence Discount Service (DDS). Veterans are to continue using the DDS 'Defence Privilege Card' for official discounts.

6.7 HM ARMED FORCES VETERANS BADGE

6.8 Introduction

0610. This chapter outlines the criteria for the HM Armed Forces Veterans Badge and how to apply for it.

6.9 Background

0611. The HM Armed Forces Veterans Badge was launched in May 2004 by the Minister for Veterans to assist the wider public in identifying Veterans. The first lapel badge was issued on 10 May 2004 to Lord Healey, a Veteran of the Battle for Monte Cassino. This initiated the roll out of the badge to the generation who served in the Second World War. Since then, eligibility to apply for the badge has been extended in sequential phases and now all Veterans are eligible to apply.

6.10 Design of the Badge

0612. The badge is an enamelled, engraved, and pinned lapel badge featuring the words 'HM Armed Forces – Veteran', which encompass the Tri-Service, Anchor, Crossed Swords and Eagle motif. Its symbolism is intended to unite all Veterans and represent the combined efforts of the Tri-Services whilst encouraging a sense of unity and community amongst Veterans.

6.11 Eligibility Criteria

0613. The HM Armed Forces Veterans Badge can be awarded for one day's service in the UK Armed Forces. There are some exclusions which are detailed below.

6.12 Entitled Personnel

0614. This badge is awarded to Service Personnel who are regular or reserve forces. The badge is a survivor's badge and therefore is not issued posthumously aside from War Widows and Widowers who are in receipt of a War Widow's/Widower's Pension paid by the Ministry of Defence, and those who have received an award of Survivors Guaranteed Income Payment (SGIP) under the Armed Forces Compensation Scheme. This is in recognition of the fact that their family member's death was due to their military service.

6.13 Exclusions

0615. Below is a list of those who are not entitled to receive the HM Armed Forces Veterans Badge unless they have previous regular or reserve service.

- Regulars transferring directly into the Reserves.
- Cadet Forces, including cadets, civilian adult volunteers, uniformed adult volunteers.
- civilians.
- members of the Merchant Navy / Mercantile Marines / Fishing Fleet.
- Widows/Widowers who are **not** in receipt of a War Widow's Pension.
- Next of Kin who are **not** in receipt of a Survivors Guaranteed Income Payment.
- Foreign and Commonwealth personnel, or personnel who served in another realm that was previously governed by the UK, or those who have served on exchange to the UK Armed Forces.

6.14 How to Apply

0616. Those Regulars leaving the Armed Forces will automatically be issued a badge through their service leavers pack. Those Veterans who have left the service and have not received a badge within 6 months of leaving, should contact the JPAC Enquiry Centre. After six months, or for those who have left the service in previous years, they should apply for their badge by downloading the form on [GOV.UK](https://www.gov.uk).

0617. Reservists who resign their commission need to apply directly to the MOD Medal Office, as do Veterans, or their Widows/Widowers who are in receipt of a War Widow's/Widower's pension, or those in receipt of an SGIP. The form can be downloaded from [GOV.UK](https://www.gov.uk)

6.15 Crown Copyright and the Defence Intellectual Property Rights (DIPR) Team

0618. To ensure that the image of the HM Armed Forces Veteran's Badge is not devalued through inappropriate use, the decision was made some time ago not to licence its use outside of the MOD. As a result, DIPR is unable to give permission to use the image of the badge for any other purpose. No other companies are licenced to make reproductions. More information can be found on [GOV.UK](https://www.gov.uk).

6.16 Replacements

0619. If you lose your first HM Armed Forces Veterans Badge, or it becomes damaged and unusable, you can apply for a free replacement on the same application form available on [GOV.UK](https://www.gov.uk).

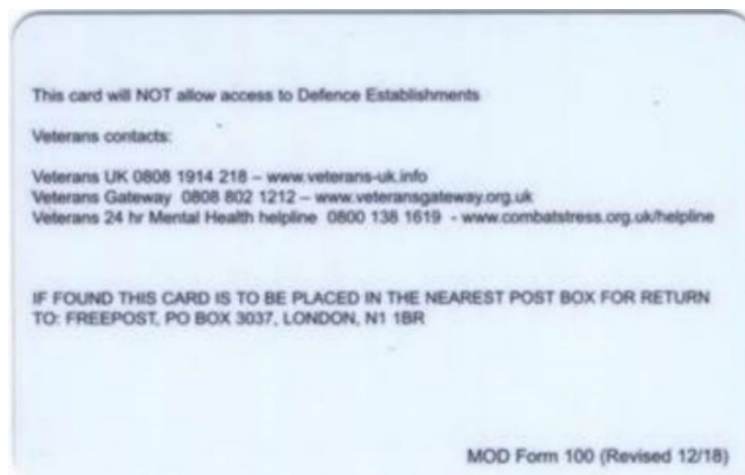
0620. Further replacements can be provided should you lose another badge, however there will be a £10 charge to replace it. This price is current as at the date of publication but may change.

6.17 VETERANS BADGE FAQs CAN BE FOUND AT ANNEX G

6.18 Specimen Card and Badge

0610. A specimen Veterans ID Card and Veterans Badge are illustrated below.

6.19 Illustration of Veterans' ID Card and Veterans Badge



7 Armed Forces Covenant

7.1 Introduction

0701. The Armed Forces Covenant is a promise from the nation that those who serve or who have served, and their families, are treated fairly. This commitment is made in recognition of the sacrifices they make on behalf of the country.

0702. The Armed Forces Covenant is not designed to give the Armed Forces, their families and Veterans preferential treatment compared with other citizens, but it should ensure that they get a fair deal and are not disadvantaged because of their Service.

0703. The Armed Forces Covenant relies on the Government, communities, businesses, and individuals of the UK to actively support it in order to make a difference.

0704. Underlying the promise that the Armed Forces Community should be treated fairly are **three key principles**:

- a. Recognising the unique obligations of, and sacrifices made by, the Armed Forces.
- b. The Armed Forces Community should not face disadvantage compared to other citizens in the provision of public or commercial services
- c. Special consideration is appropriate in some cases for those who have given the most, such as the injured or bereaved.

7.2 What Do We Mean by These Principles?

0705. SP and their families can experience a far higher level of mobility than other citizens and could for example find themselves continually at the bottom of health or social housing waiting lists.

0706. This does **not** mean that those in the Armed Forces Community should jump to the top of the queue or be given special treatment, but it does mean that we cannot allow them to be forgotten. It does **not** mean, for example, that when returning to their home area after years of Service, a SP transitioning to the civilian world should automatically be entitled to social housing; but it does mean that they should be given the right to have the same local connection and consideration as residents who never left their hometown.

0707. We have a duty as a nation to support those who have made the greatest sacrifices on the country's behalf; those who have been injured or those who have been bereaved.

0708. This means ensuring, for example, that an injured SP gets the best medical and rehabilitation treatment that this country can offer and is equipped with the training and resources they need to look to the future with confidence. It could mean in the case of an injured SP who is transitioning to the civilian world, for example, that they are able to access supported housing or that their existing home can be modified quickly to meet their needs, and that they are quickly and compassionately assessed on their level of care requirements.

7.3 Covenant Duty

0709. The Armed Forces Act 2021 (amending the Armed Forces Act 2006) further incorporated the Armed Forces Covenant into law, to help prevent any disadvantage faced by the Armed Forces community due to the unique nature of their service. The UK-wide legislation introduces a new Covenant Duty which places a legal obligation on certain public bodies in key areas of health, housing, and education to give due regard to the principles of the Armed Forces Covenant. The new Duty will require those who are subject to it to consciously consider the Armed Forces community, and the principles of the Covenant, when developing policy and making decisions in the key policy areas. The legislation includes powers to broaden the scope to include other bodies and functions where there is evidence and support to suggest it would be beneficial; this will ensure that duty can adapt to meet the needs of the Armed Forces community into the future.

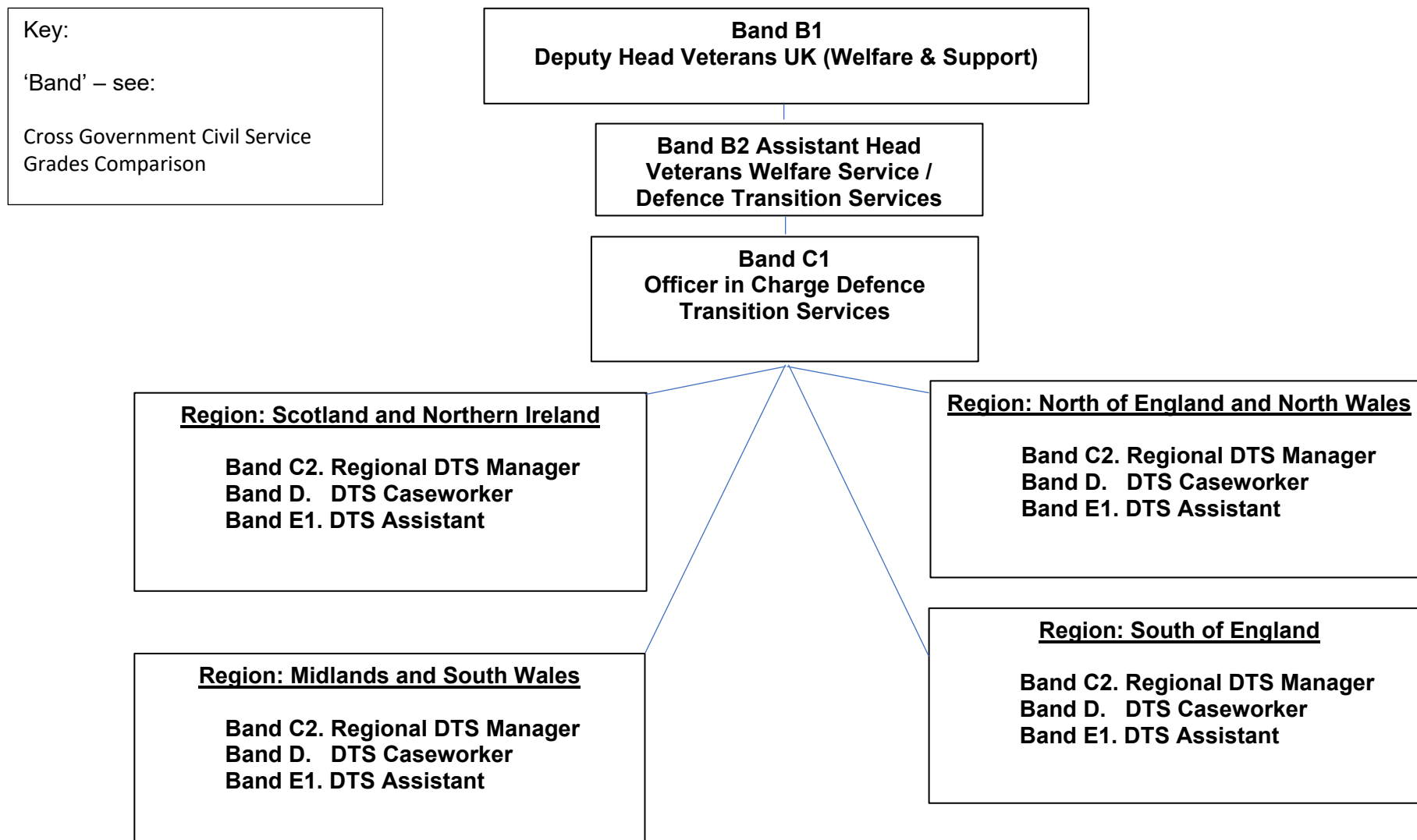
7.4 Additional Information

0710. More information about the Armed Forces Covenant is available here: www.armedforcescovenant.gov.uk, and about veterans services in specific areas of the UK here: www.veteransgateway.org.uk. See also: www.gov.uk [Armed Forces Covenant and Veterans Annual Report 2021](#) (www.gov.uk).

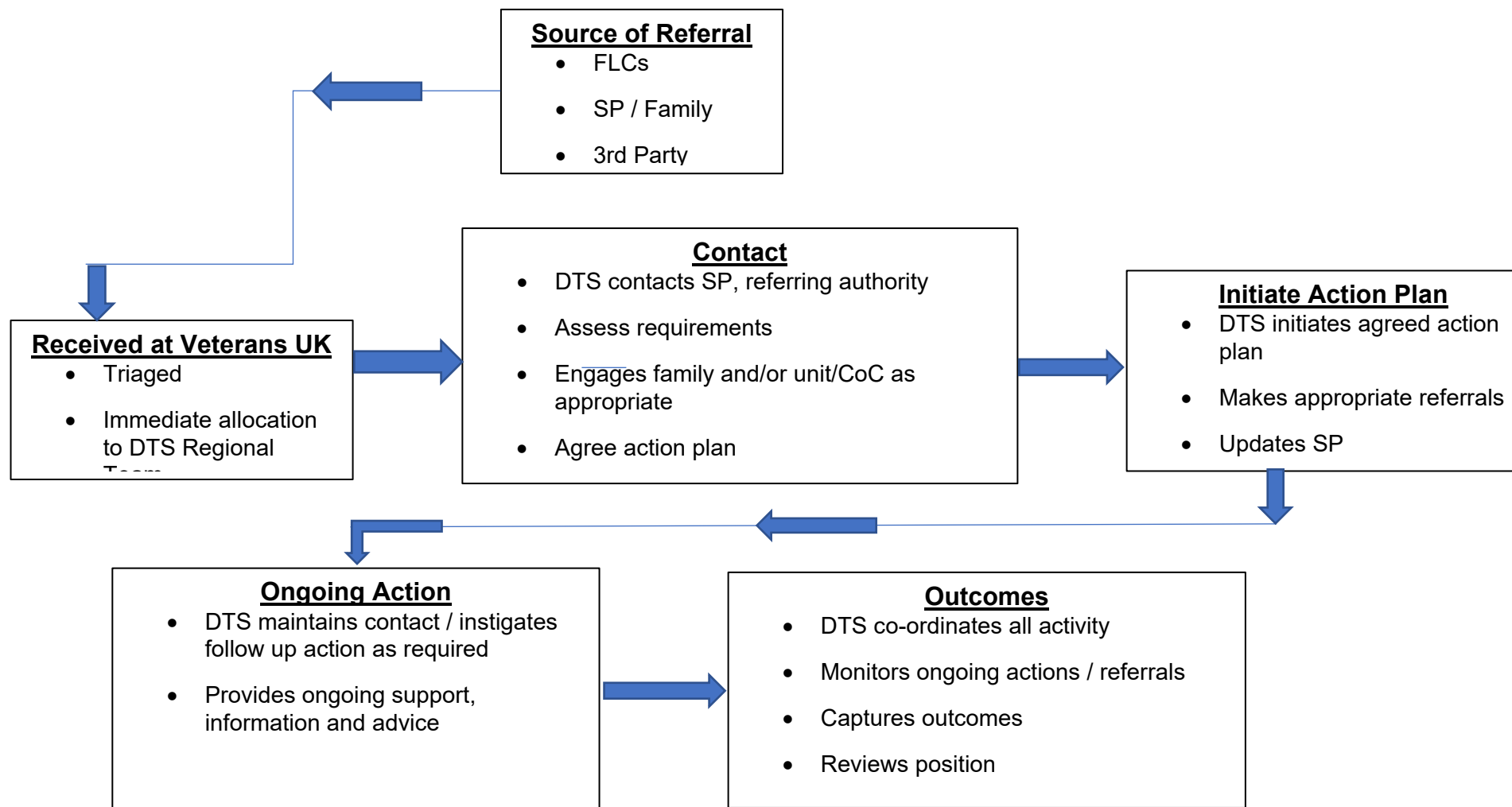
0711. The latest Welsh Government Covenant Annual Report can be found here: <https://gov.wales/armed-forces-covenant-annual-report-2019>.

0712. The latest Scottish Government Veterans and Armed Forces Community Report can be found here: <https://www.gov.scot/publications/scottish-government-support-veterans-armed-forces-community-2020-report/pages/5/>.

DEFENCE TRANSITION SERVICES (DTS) ORGANISATION CHART



DEFENCE TRANSITION SERVICES PROCESS FLOW FOLLOWING RECEIPT OF DTS-SPECIFIC REFERRAL



DEFENCE TRANSITION SERVICES APPROXIMATE REGIONAL BOUNDARIES



ARMED FORCES PERSONNEL IN TRANSITION, INTEGRATED PERSONAL COMMISSIONING FOR VETERANS (IPC4V) – SUPPLEMENTARY DEFENCE FUNDING

Defence Funding

1. This document describes the supplementary funding available from the MOD for the small group of individuals with complex and enduring physical, neurological, and mental health conditions due to service who are eligible for IPC4V and should be read in conjunction with Chapter 3 (Health and Wellbeing).

Eligibility for Armed Forces personnel in transition, Integrated Personal Commissioning for Veterans

2. A small number of individuals who have complex and enduring physical, neurological, and mental health conditions which are attributable to service which require 24 hour, one to one trained care including care by family members, are eligible for Armed Forces personnel in transition, Integrated Personal Commissioning for Veterans (IPC4V). Such individuals will be proactively identified by medical staff while they are on the Defence Recovery Pathway and will be recipients of an Armed Forces Compensation Scheme award.

3. SP being considered for IPC4V will be proactively identified by medical staff while they are in an Armed Forces Personal Recovery Unit. With the individual's agreement and where appropriate that of their family, they will then be referred for an assessment. As part of this a multi-disciplinary and multi-agency steering group (Multi-Disciplinary Team (MDT)) will be set up to oversee the case, ensure the right people including the individual are involved and address any challenges. Following an initial holistic assessment around the individual and their health and wellbeing needs, a personalised care and support plan will be developed with the individual. An eligibility flow chart is contained within the NHS [Armed Forces in transition, Integrated Personal Commissioning for Veterans Framework document](#).

4. If an individual is eligible to get care under the IPC4V Framework, they will benefit from:

a. personalised care and support planning starting before they have been discharged from the Armed Forces.

b. a single integrated personalised care and support plan for all their health and wellbeing needs. In England, there is the option of a personal budget, personal health budget or integrated personal budget for all or part of their care, other arrangements exist in Scotland, Wales, and Northern Ireland.

c. ongoing support to help ensure the individual is an active participant in the planning and management of their own health and wellbeing, with outcomes and solutions having meaning and context within their life.

d. a dedicated Veterans UK VWS Veterans Welfare Manager who will be a central point of contact for the individual and all involved organisations.

5. The pilot to develop IPC4V helped to identify the most common areas of health, wellbeing and welfare that were wanted by individuals, and included activities over and above those already provided by statutory services (the NHS and Local Authorities). Additional funding of up to £24,000 will help to fund this life enhancing health, care, and wellbeing activities, and is in addition to statutory provision including NHS funding, pensions, Armed Forces Compensation Scheme (AFCS) awards, Guaranteed Income Payments (GIP) and Armed Forces Independence Payments (AFIP). The sum will be kept under review

6. HM Revenue and Customs (HMRC) has confirmed that as the funding is tailored to meet the specific medical and ongoing care and wellbeing needs for individual veterans and could change depending on the individual requirements at a particular point in time, the payments are not considered to be an income stream so are therefore not subject to tax. Neither will they be considered as income for the purposes of assessing care cost allowances and other benefits.

7. The funding is not available as a lump sum as we have learnt from the payment of one-off payments that often they do not provide long term financial stability and believe that an annual funding allocation, available for life, would be more appropriate to provide the safeguards for ongoing needs. An individual with complex care and welfare needs is likely to want to flex their funding package, in accordance with their needs and aspirations at the time, and an annual fund provides greater reassurance and flexibility over the longer term.

8. Funding will be determined based on the needs identified at the MDT meeting held as part of the IPC4V Framework. The Veterans Welfare Manager will chair the MDT meeting and is responsible for ensuring that the expenditure falls within the parameters set out above. This means that they will ensure that where at all appropriate, needs will be met from statutory budgets within the NHS and Local Authorities. Where, based on need, there is evidence that:

- a. the core offer from both is not sufficient; and
- b. the person needs one-to-one care and support 24-hours-per-day,

funding can be obtained for up to £24,000 per year based on the shortfall in cost identified. Given that the funds are available across a financial year, it could be that larger expenditure (for example additional Carer costs associated with a holiday) should be agreed by at least three members of the MDT for any one-off expenditure over £5,000.

9. The funding allocation is held by the VWM working with the individual (or their advocate) and the MDT to identify the health, wellbeing, and welfare activities as part of the agreed care plan that could be funded. The funding allocation is one of those available to individuals and other funding streams should also be considered (such as statutory or third sector), so that the most appropriate fund is used for any agreed activities.

10. Statutory funding should be used for statutory services. The additional MOD funding of up to £24,000 could be used to provide additional services including:

- a. personal care (such as physical training, or enhanced home support).
- b. equipment (such as gym equipment, or mobility equipment not part of core offer).
- c. adaptive sports.

- d. housing adaptations.
- e. psychological therapies.
- f. additional speech and language therapy.
- g. physiotherapy.
- h. hydrotherapy.
- i. complementary therapies.
- j. supportive technology (such as iPads, Eyegaze etc).
- k. support dogs
- l. quality-of-life-enhancing activities (trips/holidays etc).

11. The additional MOD funding cannot be used:

- a. for treatments available as part of the NHS or social care core offer (such as GP services, dentistry, vaccinations, health care check-ups, screening, emergency treatment etc).
- b. to purchase alcohol or tobacco.
- c. for gambling.
- d. to repay a debt (except for debts relating to services specified in the care plan).
- e. to purchase anything illegal or unlawful.

12. Veterans on IPC4V will receive a personalised health budget (England only, Scotland, Wales and Northern Ireland have different arrangements). Only those that are most dependent on care will be eligible for additional MOD funding; this is to honour pledges in the Armed Forces Covenant that special consideration is appropriate for those who have given the most – such as the injured or bereaved. The charities that assist those whose needs are not high enough to attract the additional funding, are supportive of this arrangement as it should free up their funding from those individuals that will receive the additional funding.

13. The activities that the additional IPC4V funding will pay for are in support of better health, wellbeing, and welfare. An individual might be expected to pay for their own holiday, but the budget could be used to pay for the extra costs incurred from being dependent on trained care – such as the travel and hotel budget of the carers that would need to accompany the individual

14. The individual may benefit from additional physical training activities, but because they cannot attend a routine gym, they may use the fund to pay for personalised physical training support in the home, which is more expensive than a gym membership.

15. The individual may benefit from swimming, but needs to pay for an additional carer to support that activity. They might be expected to pay for their own swimming, but the fund

could be used to pay for additional costs associated with taking more than one carer (noting the NHS pay for core carers hours).

16. The individual may wish to visit the cinema, pay for their own ticket and transport, but also needs to pay for that of their carer – this fund, could be used to pay for the additional expense incurred because of requiring 24/7 personal care.

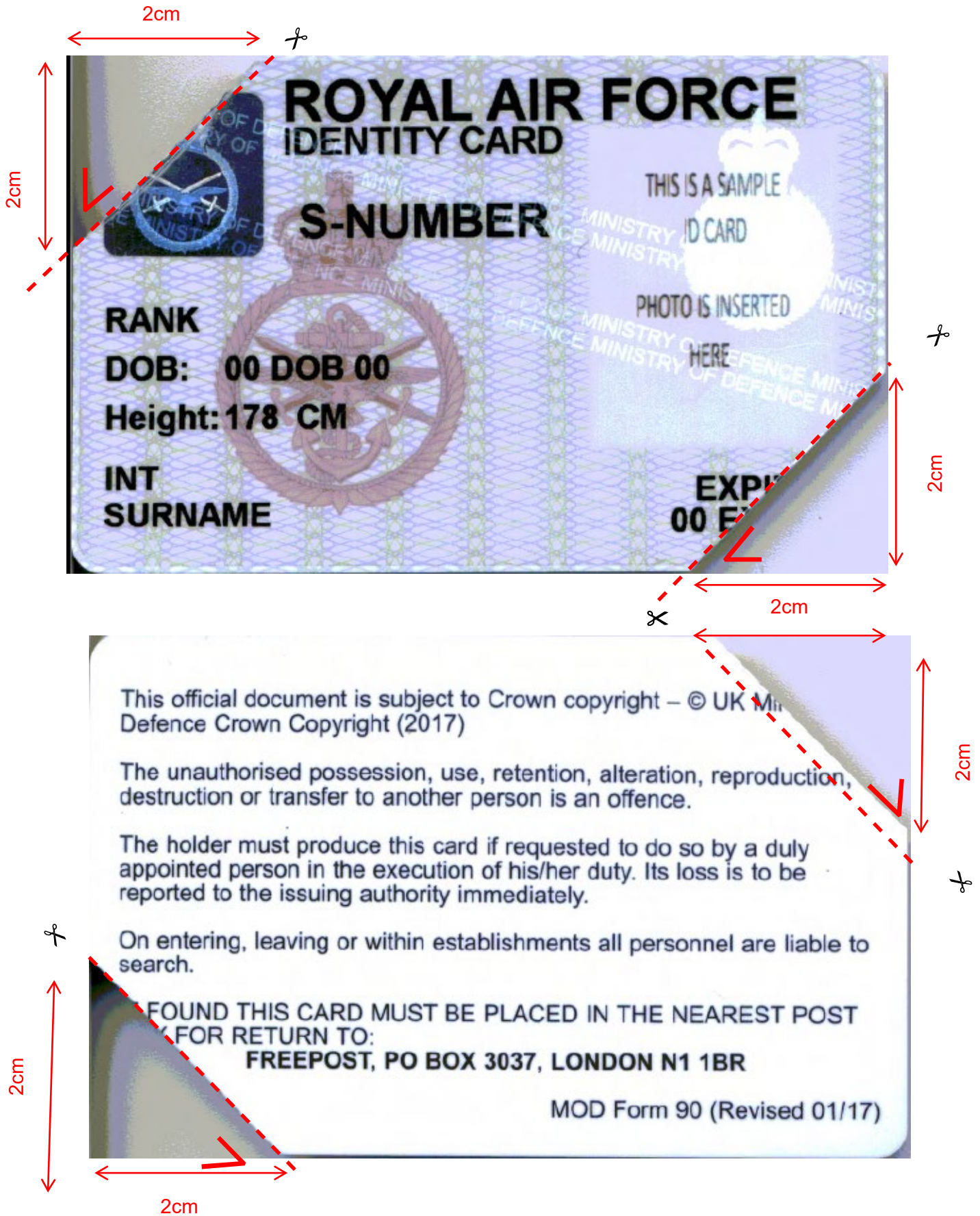
17. If an agreement cannot be reached whether an activity should be funded from the additional funding the individual (or those acting on their behalf) would need to submit a short justification to the VWM outlining why they feel the activity in question should be funded from the MOD IPC4V funding allocation rather than statutory funding or other available funding streams. The VWM would need to consider all the factors and respond in writing outlining their decision. If the individual (or those acting on their behalf) still wish to appeal, they would write to Head Armed Forces People Support at the MOD for a final decision.

18. The arrangement will be reviewed quarterly by MOD (AFPSp) in the first year of operation to test and adjust policy, as necessary, following any lessons identified from early rollout.

UNIT HR INSTRUCTIONS FOR ISSUE OF MODIFIED MOD FORM 90 TO REGULAR AND RESERVIST SERVICE PERSONNEL ON LEAVING THE SERVICES

1. As part of normal Unit HR Admin discharge procedures on termination, SP (Regular and Reservist) must be offered the retention of their MOD Form 90 ID card in a modified form.
2. This MOD Form 90 retention offer applies **only** to Regular and Reservist SP of the UK Armed Forces on discharge. It does not apply to any other category of MOD Form 90 ID card holder.
3. If a SP does not wish to retain their modified MOD Form 90, then Units are to withdraw the MOD Form 90 from the SP and destroy it in line with current FLC policy.
4. When a SP does wish to retain their MOD Form 90, Unit HR must modify the ID card as follows:
 - a. the top left corner of the card must be cut through the hologram at an angle of 45 degrees; the cut to be 2cm from the corner along the top and left edges.
 - b. the bottom right corner of the card must be cut through the expiry date at an angle of 45 degrees; the cut to be 2cm from the corner along the right and bottom edges.
 - c. the modified MOD Form 90 is then to be reissued by Unit HR to the Service leaver.
5. The modification method is illustrated in the accompanying diagram.
6. It is extremely important that the measurements given are complied with as the '2cm clipping' is the only Directorate of Security and Resilience (DSR) approved method of cancelling the MOD Form 90. Less than 2cm and it does not comply with amended DSR policy. More than 2cm and it defeats the purpose of retaining a cancelled MOD Form 90.

ILLUSTRATION OF APPROVED MODIFICATION OF MOD FORM 90



ADDITIONAL STAKEHOLDER INFORMATION AND SIGNPOSTING

Who Are You?	What do you want to know?	Please refer to	Additional Info	Links
Serving Person	Find out more about Transition	Chap 1 Guidance	sS Transition leads	
	Seek Help	Chap 2 DTS	sS Welfare Specialist/CoC	
	Refer someone else	Chap 2 DTS		DTRP Form 2
	I'm non-UK	Chap 4		
	I'm Leaving the UK	Chap 2	See para 2.12	
	Veterans' Recognition	Chap 6		
	Improve my Life Skills	Chap 1 Guidance	Service Leavers Guide/ HARDFACTS assessment	Service Leaver's Guide

Who Are You?	What do you want to know?	Please refer to	Additional Info	Links
Welfare or Unit Specialist / CoC	Find out more about Transition	Chap 1 Guidance	sS Transition Leads	
	Find out more about Defence Transition Services	Chap 2		
	Refer a SL	Chap 2		DTRP Form 2
	Help a non-UK SP	Chap 4		
	SP Leaving the UK	Chap 2	See para 2.12	
	Veterans Recognition	Chap 6		
	Potentially Homeless SL	Chap 5	Statutory reporting	

Who Are You?	What do you want to know?	Please refer to	Additional Info	Links
Family Member / Friend	Find out more about Transition	Chap 1 Guidance		
	Seek Help	Chap 2		
	Refer a SL/Veteran	Chap 2		DTRP Form 2
	I'm non-UK	Chap 4		
	I'm Leaving the UK	Chap 2	See para 2.12	
	Veterans Recognition	Chap 6		
	Improve my Life Skills	Chap 1 Guidance	Service Leavers Guide/ HARDFACTS assessment	Service Leaver's Guide

Who Are You?	What do you want to know?	Please refer to	Additional Info	Links
Service Charity / other Third sector	Find out more about Transition	Chap1		
	Seek Help	JSP Sponsor/DT S/Vets UK		
	Refer someone	Chap 2		DTRP Form 2
	Helping non-UK	Chap 4		
	Leaving the UK	Chap 2	See para 2.12	
	Veterans Recognition	Chap 6		
	Access Life Skills	Chap 1 Guidance	Service Leavers Guide/ digitalised HARDFACTS assessment under development	Service Leaver's Guide

ARMED FORCES VETERANS BADGE FAQs

Q.1 My father was a veteran, but he has died. As his daughter, can I apply for a HM Armed Forces Veterans Badge?

No, the HM Armed Forces Veterans Badge is intended to identify surviving Veterans and cannot be issued posthumously unless you are in receipt of a Survivors Guaranteed Income Payment due to your relative dying as a result of service.

Q.2 My wife died 10 years after she left the service, but didn't apply for a badge, and I don't have a War Widower's Pension. Why can't I receive a badge?

Unfortunately, a Veterans Badge can only be issued to those widows or widowers who are in receipt of a War Widows/Widowers Pension or those in receipt of a Survivors Guaranteed Income Payment, awarded through the Armed Forces Compensation Team. This is to recognise the loss the Widow/er have endured following their loved one's death as a result of service.

Q.3 I am in the Cadet Forces, and have never had previous regular or reserve service, am I eligible?

Belonging to the Cadet Forces as a cadet or an adult volunteer for example, does not make you eligible for the HM Armed Forces Veterans Badge. However, if you had previously served as a regular or reservist and then later joined the Cadet Forces, you would receive a HM Armed Forces Veteran's Badge for your previous military service.

Q.4 I served in the Armed Forces in Hong Kong when it was ruled by the UK, am I eligible for the HM Armed Forces Veterans Badge?

No. Those countries, principalities or realms that were previously governed by the UK under the British Empire, or is part of the British Commonwealth, is not eligible to receive the HM Armed Forces Veterans Badge. If there is a badge issued by the respective area, you should apply for that.

Q.5 I am currently serving a custodial sentence, can I apply for the HM Armed Forces Veterans Badge?

Yes, you can apply for the HM Armed Forces Veterans Badge, but you must apply through a suitable contact. This can be your 'Veterans in custody officer', if applicable, a senior prison officer, or your offender management unit. They may retain the badge for you until you are released.

Q.6 If I'm dishonourably discharged from the Armed Forces, will I still qualify for the HM Armed Forces Veteran's Badge?

Yes, you can apply for a HM Armed Forces Veteran's Badge as the badge is intended to mark you service in HM Armed Forces and cannot be forfeited or denied.

Useful Links

[Apply for a UK Merchant Seafarers Veterans Badge](#)

[Apply for a Bevin Boys Veterans Badge](#)

[Apply for a Bletchley Park Commemorative Badge](#)

Leaving the Services – Service Leavers and Families

ANNEX H
TO JSP 100

Are you due to leave the Services in the next 6 months?

Are you worried or feeling under-prepared for leaving?

Are you currently struggling with Housing, Finances, will these worries continue after leaving? Are you concerned about fitting into Civilian Life, or Coping Emotionally?

Do You want to know more about HARDFACTS?

Are you receiving welfare support from your Unit or elsewhere at present?

Do you need immediate support on leaving or are you currently receiving support and need this continue?

- Health
- Accommodation and Relocation
- Drugs, Alcohol, Addictions
- Finance and Benefits
- Attitude Thinking and Behaviour
- Children and Family
- Training Education and Support
- Support Agencies

Are you relocating within the UK and unfamiliar with the area?

Do you have specific concerns about leaving the Services? Debt? Benefits? Children's Schooling? Employment? Something Else?

Are you moving overseas?

Do you need help now, or would you like to find out more about what is available to Help you?

If you are answering YES to any of the questions above or have any other concerns on leaving the Services – Refer to ANNEX F or click on the links provided above