

View results

Respondent

6

Anonymous

01:05

Time to complete

1. Your full name: *

Rowann Limond

2. Please give details of any public appointments you hold (e.g. school governing bodies, magistrate, etc.). If none, please state 'none' and go to the next question. *

None

3. Please give details of any voluntary organisations/non profit-making organisations that you are connected with (e.g. as a board/committee member). If none, please state 'none' and go to the next question. *

None

4. Please give details of any suppliers or companies which PCHA contracts with which you, or any member of your family, has a financial interest in. If none, please state 'none' and go to the next question. *

None

5. Please give details of any member of your family, or that of your spouse/partner, who receives services from PCHA. If none, please state 'none' and go to the next question. *

None

6. Please give details of any other paid employment or consultancy you undertake, including the name of any organisations you work with/for. If none, please state 'none' and press 'Submit'. *

None

7. Date form completed *

16/11/2023

