MANAGEMENT COMMITTEE REGISTER INFORMATION 2021-22

Full Name Prancewww	RIBERT GREEN
Address T	
Home Tel. No.	
Email address	
Occupation	Date of Birth
	Committee Membership Status Elected Co-opted Casual Vacancy
REGISTRATION OF INTERES Please give details of any busin Management Committee (see S	T
Associate member : Council	of Yorkhist + Kelvingove Counce in ity
The following information is for Age Group 18 - 30 31 - 50 51 - 59 60 +	MALE J FEMALE Monitoring purposes only. Are you disabled? YES NO
White European Black Asian Middle Eastern	Ethnic Origin Black Afro Caribbean Chinese Other
I confirm that the information g	iven above is accurate. Remit of Management Committee 2021-22 containing

I have received and read the Remit of Management Committee 2021-22 containing information on the remits and responsibilities of the Management Committee. I have read and understand the SFHA Code of Governance (2020 edition) and agree to comply with its contents. I understand that compliance with this Code of Governance and the Association's Policies and Procedures is a condition of membership of the Management Committee

Signature

Date 11 - 4 - 2021

11 100 100

MANAGEMENT COMMITTEE REGISTER INFORMATION 2021-22

Full Name COLIN A	rhistrong
Address	
Home Tel. No.	
Email address	
Occupation .	Date of Birth
	Committee Membership Status Elected Co-opted Casual Vacancy
REGISTRATION OF INTERES	ops

RATION OF INTEREST

Please give details of any business or personal interests relevant to the activities of the Management Committee (see SFHA code of conduct for examples)

The following information is for monitoring purposes only

Age Group	Gender	Are you disabled?
31 - 50 51 - 59	MALE	YES
60 +	FEMALE	NO
White European	Ethnic Origin	
Black Asian	Black	Afro Caribbean
Middle Eastern	Chine	

I confirm that the information given above is accurate.

I have received and read the Remit of Management Committee 2021-22 containing information on the remits and responsibilities of the Management Committee. I have read and understand the SFHA Code of Governance (2020 edition) and agree to comply with its contents. I understand that compliance with this Code of Governance and the Association's Policies and Procedures is a condition of membership of the Management Committee

Signature

Date 10/12/21

MANAGEMENT COMMITTEE REGISTER INFORMATION 2021-22

Full Name ROSSET WINN		
Address		
Home Tel. No.		
Email address		
Occupation	Date of Birth	
	Con	Elected Co-opted Casual Vacancy
REGISTRATION OF INTERES Please give details of any busin Management Committee (see S	less or personal interests rele	evant to the activities of the amples)
The following information is for Age Group 18 - 30 31 - 50 51 - 59 60 +	monitoring purposes only. Gender MALE FEMALE	Are you disabled? YES NO
	Ethnic Origin	
White European Black Aslan Middle Eastern		Afro Caribbean e
I confirm that the information give	ven above is accurate.	
I have received and read the Information on the remits and read and understand the SFHA with its contents. I understand Association's Policies and Prod Committee	Remit of Management Co responsibilities of the Mana Code of Governance (2020 that compliance with this C	gement Committee. I have edition) and agree to comply code of Governance and the
Signature	Date	09.12.2021

Rich Cas

Full Name

Address

MANAGEMENT COMMITTEE REGISTER INFORMATION 2021-22 ILLENE FIZCERALP.

Home Tel. No		Line was to
Email address	AND AND AND AND AND ADDRESS OF THE A	
Occupation	Date of E	Birth
	84	Committee Membership Status Elected Co-opted Casual Vacancy
REGISTRATION OF INTEREST Please give details of any busine Management Committee (see S	000 00 00 00 00 00 00 00 00 00 00 00 00	*
The following information is for r	nonitorina museo	
Age Group 18 - 30 31 - 50 51 - 59 60 +	Gender MALE FEMALE	Are you disabled? YES NO
White European Black Asian Middle Eastern	4. 4. 4. 4. 4. 6.	Black Afro Caribbean Chinese Other
read and understand the SFHA (Remit of Manageme esponsibilities of the Code of Governance	ent Committee 2021-22 containing Management Committee. I have (2020 edition) and agree to comply this Code of Governance and the of membership of the Management
Signature		Date 7/12/21.

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MANAGEMEN	IT COMMITTEE RE	GISTER INFORM	ATION	
	_ 2021-22			087042
Full Name NIL N	PHENSON			
Address				}
Home Tel. No.				
Email address		1		
Occupation	Date	of Birth		
	Date			
		Committee	Members! Elected	nip Status
			Co-opted	
		Casu	al Vacancy	
REGISTRATION OF INTERE	ST			
Please give details of any bus Management Committee (see	iness or personal in	terests relevant to	the activiti	es of the
		and the arms inplued,		
The following information is fo	or monitoring number	e only		
Age Group	Gender		Are you	disabled?
31 - 50	MALE		YES	
51 - 59 60 +			TES	
00+	FEMALE		NO	
Who.	Ethnic Origin			
White European Black Asian		Black Afro Car	Ibbean	
Middle Eastern		<u>Chinese</u> Other		
I confirm that the information	liven shove is ecour	nio		
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with its contents. I understar Association's Policies and Pro Committee				
Committee	and the second s	on or manipersni	porune Ma	nagement
	1000			
Signature		Date		

MANAGEMENT COMMITTEE REGISTER INFORMATION 2021-22

Full Name WILLIAM JOHN	Desu-061
Address	DOCHERTY
Home Tel. No.	
Email address	
Occupation	Date of Birth
DECLOSED AND ADDRESS OF THE PARTY OF THE PAR	Committee Membership Status Elected Co-opted Casual Vacancy
REGISTRATION OF INTEREST Please give details of any business or per Management Committee (see SFHA code	sonal interests relevant to the activities of the of conduct for examples)
The following information is for monitoring Age Group 18 - 30	purposes only, nder
31 - 50 51 - 59 60 + FEMALI	No.
White European Black Asian Middle Eastern	Black Afro Caribbean Chinese Other
I confirm that the information given above i	s accurate.
read and understand the SFHA Code of G with its contents. Lunderstand that some	Management Committee 2021-22 containing itles of the Management Committee. I have overnance (2020 edition) and agree to comply liance with this Code of Governance and the condition of membership of the Management
Signature	Date 14/10/2021

MANAGEMENT COMMITTEE REGISTER INFORMATION 2021-22

run Name Michael Harris			
Address	74.5TH (1)		
Home Tel. No.			
Email address			
Occupation		Date of Birth	
			Elected X Co-opted at Vacancy
REGISTRATION OF INTEREST Please give details of any busine Management Committee (see Si	on or more and the		
None	HAY CODE OF CONTROL	ct for examples)	
The following information is for m Age Group 18 - 30 31 - 50 51 - 59 60 +	Gender MALE FEMALÉ	only.	Are you disabled? YES NO
White European Black Asian Middle Eastern	Ethnic Origin	Black Afro Ca Chinese Other	Doorg
I confirm that the information give	in above is accurat	9.	
thave received and read the Finformation on the remits and respond understand the SFHA Code its contents. I understand that Association's Policies and Process Committee	of Governance (20	ranagement Cor 20 edition) and :	mmittee. I have read agree to comply with
Signature		Date 10/10/21	

MANAGEMENT COMMITTEE REGISTER INFORMATION 2021-22

Full Name	Yvone Alexio	
Address		3
Home-Tel. No.		V
Email address		
Occupation	Date of Birth	
	Comi	mittee Membership Status
REGISTRATIO	State Charles	Casual Vacancy

GISTHATION OF INTEREST

Please give details of any business or personal interests relevant to the activities of the Management Committee (see SFHA code of conduct for examples)

18 - 30	for monitoring purposes only. Gender	Are you disabled?
31 - 50 51 - 59	MALE	YES
60 ÷	FEMALE	NO
White European	Ethnic Origin	
Black Asian Middle Eastern	Black Afro	Caribbean
MINDUIS EASIGN	Other	

I confirm that the information given above is accurate.

I have received and read the Remit of Management Committee 2021-22 containing information on the remits and responsibilities of the Management Committee. I have read and understand the SFHA Code of Governance (2020 edition) and agree to comply with its contents. I understand that compliance with this Code of Governance and the Association's Policies and Procedures is a condition of membership of the Management

Signature	ETA CONT	Date	9/12/21
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