

Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 28 October 2020.
Panel reference	2018SSW033 – Camden – DA/2018/969/1 50D Raby Road, Gledswood Hills
Chair	Justin Doyle

In relation to this matter, I declare	that I have:				
no known conflict of interest $oxtimes$ OR					
an $\operatorname{actual}^1\Box$, $\operatorname{potential}^2\Box$ or reasonably $\operatorname{perceived}^3\Box$ conflict of interest, as detailed below:					
860	Renata Brooks	18 November 2020			
Signature	Name	Date			
Should a conflict be declared the panel chair is to ensure appropriate management measures are in place, as determined by the chair, and countersign this form, noting any additional measures.					
Chair Signature	Name	Date			

Please return this form to the Planning Panels Secretariat at enquiry@planningpanels.nsw.gov.au

¹ An 'actual' conflict of interests is where there is a direct conflict between a member's duties and responsibilities and their private interests or other duties.

² A 'potential' conflict of interests is where a panel member has a private interest or other duty that could conflict with their duties as a panel member in the future.

³ A 'reasonably perceived' conflict of interests is where a person could reasonably perceive that a panel member's private interests or other duties are likely to improperly influence the performance of their duties as a panel member, whether or not this is in fact the case.



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r	no known conflict of interest ⊠ OR				
- -	an actual 1 \square , potential 2 \square or reasonably perceived 3 \square conflict of interest, as detailed below:				
- -					
1/1.					
Jo gr		Nicole Gurran	18 November 2020		
Signatu	ure	Name	Date		
		nanel chair is to ensure appropriate itersign this form, noting any addition	management measures are in place, as onal measures.		
Chair S	ignature	Name	Date		

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an actual¹ □, potent	an actual¹ □, potential² □ or reasonably perceived³ □ conflict of interest, as detailed below:			
JABI	Justin Doyle	18 November 2020		
Signature	Name	Date		
	ed the panel chair is to ensure ap nd countersign this form, noting	opropriate management measures are in place, as any additional measures.		
Chair Signature	Name	Date		

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