



## Planning Panels

### Declaration of Interest

<b>ELECTRONIC DETERMINATION</b>	Papers circulated electronically on 10 November 2021.
<b>Panel reference</b>	<b>PPSHCC-79 – Newcastle – MA2021/00192</b> 1 Laman St, Cooks Hill
<b>Chair</b>	Alison McCabe

In relation to this matter, I declare that I have:

no known conflict of interest ☒ OR

an actual<sup>1</sup> ☐, potential<sup>2</sup> ☐ or reasonably perceived<sup>3</sup> ☐ conflict of interest, as detailed below:

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Signature

Alison McCabe

Name

15<sup>th</sup> November 2021

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.

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Chair Signature

Name

Date

Please return this form to the Planning Panels Secretariat at [enquiry@planningpanels.nsw.gov.au](mailto:enquiry@planningpanels.nsw.gov.au)

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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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NIL



.....Juliet Grant.....

.....10 November 2021.....

**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.

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**Chair Signature**

**Name**

**Date**

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Sandra Hutton

10/11/2021

**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.

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**Chair Signature**

**Name**

**Date**

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