

MEETING DATE	13 August 2020
Panel reference	PPSSEC-6 – Bayside – DA2019/286 72 Laycock St Bexley North AHEPA Headquarters Community Facility Demolition of existing structures, including the existing Bexley Bowls Club, and construction of a new two storey building comprising of community club facilities, function area, AHEPA headquarters and including basement storage area and open air and covered carparking area
Chair	Carl Scully

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

no known conflict of interest oxtimes OR

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

.....

.....

Carl Scully

Signature

Name

13 August 2020

.....

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.

.....

<sup>&</sup>lt;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>&</sup>lt;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>&</sup>lt;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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MAheila MICHAEL SHEILS 12-08-2020

Signature

### Name

Date

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**Chair Signature** 

Name

Date

......

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

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anell

.....

.....

Jan Murrell

13 August 2020

Date

.....

Signature

Name

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Paul Pappas 13 August 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** Date Name

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1			
r	Roberta Ryan	13 August 2020	
Signature	Name	Date	
Signature			
Should a conflict be decl	ared the panel chair is to ensure ap , and countersign this form, noting a	propriate management measures are in place, as any additional measures.	

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