

ELECTRONIC DETERMINATION	Papers circulated electronically on 22 April 2024.
Panel reference	PPSSTH-178 – Wollongong – DA-2022/938
ranerrerence	379 Crown Street Wollongong 2500
Chair	Christopher Wilson

In relation to this matter, I declare	that I have:		
no known conflict of interes	t ⊠ OR		
an actual $^1\square$, potential $^2\square$ c	or reasonably perceived³ ☐ conflict	of interest, as detailed below:	
	Christopher Wilson	6 May 2024	
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	

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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	an actual 1 \square , potential 2 \square	or reasonably perceived ³ ☐ conflic	ct of interest, as detailed below:	
di	Sraw	Juliet Grant	30 April 2024	
Signat	ure	Name	Date	
		panel chair is to ensure appropriat ntersign this form, noting any addi	te management measures are in place, as itional measures.	
Chair	Signature	Name	Date	

Please return this form to the Planning Panels Secretariat at $\underline{enquiry@planningpanels.nsw.gov.au}$

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C. A. Christmas	Grant Christmas	22 April 2024		
Signature	Name	Date		
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Chair Signature	Name	Date		

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<i>f</i> ,	A/p.	David Brown	30 April 2024	
Signat	ture	Name	Date	
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Chair	Signature	Name	 Date	

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K City	Tina Christy	30 April 2024	
Signature	Name	Date	
	red the panel chair is to ensure ap and countersign this form, noting	propriate management measures are in place any additional measures.	e, as
Chair Signature	Name	Date	

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