

MEETING DATE	20 April 2020
Panel reference	PPSSTH-19 – Queanbeyan-Parlerang Regional Council – DA.2019.1227 136 Gorman Drive, Googong 2620
Chair	Gordon Kirkby

In relation to this matter, I de	eclare that I have:		
no known conflict of ir	nterest 🗵 OR		
an actual $^1$ $\square$ , potential $^2$ $\square$ or reasonably perceived $^3$ $\square$ conflict of interest, as detailed below:			
-			
Godo Khly	Gordon Kirkby	20/4/20	
Signature	Name	Date	
	the panel chair is to ensure app countersign this form, noting a	propriate management measures are in place ny additional measures.	, as
Chair Signature	Name	Date	
Please return this form to the	e Planning Panels Secretariat at	enquiry@planningpanels.nsw.gov.au	

<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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Llen					
fitte	Tim Fletcher	20/4/20			
Signature	Name	Date			
	ared the panel chair is to ensure a and countersign this form, notin	appropriate management measures are in place, as g any additional measures.			
Chair Signature	Name	Date			
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		_	
C.V	Chelsea Newman	20/4/20	
Signature	Name	Date	
	ared the panel chair is to ensure app , and countersign this form, noting an	ropriate management measures are in place ny additional measures.	e, as
Chair Signature	Name	Date	
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860	Renata Brooks	20/4/20		
Signature	Name	Date		
	ed the panel chair is to ensure ap	propriate management measures are in place, as any additional measures.		
Chair Signature	Name	Date		
Please return this form to t	he Planning Panels Secretariat at	enguiry@planningpanels.nsw.gov.au		

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an ac				
hater !.		Pete Harrison	20/4/20	
Signature		Name	Dat	te
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 Signat	ture	Name	Dat	te
Please return this form to the Planning Panels Secretariat at <a href="mailto:enquiry@planningpanels.nsw.gov.au">enquiry@planningpanels.nsw.gov.au</a>				

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