


Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 1 May 2024.
Panel reference	PPSSTH-253 – Wollongong - DA-2022/714 37-39 Burelli Street, Wollongong
Chair	Chris Wilson

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

no known conflict of interest ☒ OR

an actual¹ ☐, potential² ☐ or reasonably perceived³ ☐ conflict of interest, as detailed below:



.....
Signature

Christopher Wilson

.....
Name

10 May 2024

.....
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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.....
Signature

Juliet Grant

.....
Name

10 May 2024

.....
Date

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.....
Chair Signature

.....
Name

.....
Date

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.....
Signature

Grant Christmas

.....
Name

2 May 2024

.....
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

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David Brown

10 May 2024

Signature

Name

Date

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Chair Signature

Name

Date

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.....	Tina Christy	9 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

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