



Planning Panels

Declaration of Interest

ELECTRONIC DETERMINATION	Papers circulated electronically on 12 November 2024.
Panel reference	PPSWES-219 – Mid-Western – DA0256/2024 10 Burrundulla Avenue, Mudgee
Chair	Garry Fielding

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

Name Garry Fielding

Date 21 November 2024

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

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Signature

Donna Rygate
Name

28 November 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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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

Graham Brown

Name

27 November 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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