

Declaration of Interest

MEETING DATE	13 December 2022
PANEL REFERENCE	PPSWES-82-Oberon - DA10.2021.19.1 - 310 O'Connell Road, Oberon
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:



.....	Garry Fielding	22 /12/2022
.....
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

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

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an actual⁴ ☐, potential⁵ ☐ or reasonably perceived⁶ ☐ conflict of interest, as detailed below:



Graham Brown

22/12/2022

.....
Signature

.....
Name

.....
Date

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.....
Chair Signature

.....
Name

.....
Date

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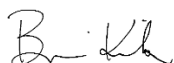
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In relation to this matter, I declare that I have:

no known conflict of interest ☒ OR

an actual⁷ ☐, potential⁸ ☐ or reasonably perceived⁹ ☐ conflict of interest, as detailed below:



Brian Kirk

22/12/2022

.....

.....

.....

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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