

Declaration of Interest

ELECTRONIC DETERMINATION	7 March 2022.
Panel reference	RR-2021-83 – Shellharbour 2514 ILLAWARRA HIGHWAY CALDERWOOD 2527
Acting Chair	Tim Fletcher

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:



Renata Brooks

29 March 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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Marcia Doheny

29 March 2022

Signature

Name

Date

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Chair Signature

Name

Date

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Graham Rollinson

23 March 2022

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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

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Name

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Date

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MEETING DATE	7 March 2022
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Chris Homer

7/3/22

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.....

Signature

Name

Date

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Chair Signature

Name

Date

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Acting Chair	Tim Fletcher

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

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Tim Fletcher

25 March 2022

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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.

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Chair Signature

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Name

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Date

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