

**Application for Membership to Liverpool Local Planning Panel as Liverpool Local Community Representative**

**RCL3079**

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| **PART 4 – APPLICATION FORM**  |

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| **Application Number:** | **RCL3079** |
| **Application Title:** | **Local Planning Panel – Local Community Representative** |
| **PART 4.1 – Applicant details**  |
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| **I,**  |
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| *(Full Name in BLOCK LETTERS of Applicant* |
| **ABN:** |
| **Address:** |
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| **Suburb:** | **State:** | **Postcode:** |
| **Telephone:** | **Mobile:** | **Facsimile:** |
| **Email Address:** |
| **hereby apply for membership to the Liverpool Local Planning Panel as a Local Community Representative.** |

**By signing below, I declare that I accept the selection criteria and appointment to the Liverpool Local Planning Panel (LLPP) will be subject my :*** Being at least eighteen (18) years old;
* Being NOT a Mayor, a Councillor, a property developer or a real estate agent.
* Have not been on the Liverpool Local Planning Panel for more than 6 years;

**Note:** Community Representative on the LLPP can only serve a maximum of 6 consecutive years with a minimum of 3 years break. * Being a current resident of the Liverpool Local Government Area (“LLGA”);
* Having knowledge and awareness of the LLGA and issues of concern of the local community;
* Being able to demonstrate an understanding of the planning process and assessment issues (but are not expected to be experts);
* Being able to represent and communicate the interests of the local community;
* Being able to attend the LLPP meetings and contribute constructively to the determination of applications; and
* Be willing to adhere to the LLPP’s code of conduct and operational procedures.

This Application fully completed demonstrate how I meet the criteria for membership below.If appointed to the LLPP, I:* Confirm that I am aware of my responsibilities as a local community representative on the Liverpool City Council LLPP;
* Confirm I meet the eligibility criteria for the panel;
* Agree to sign and comply with the panel’s code of conduct agreement;
* Agree to sign a declaration of pecuniary and non-pecuniary interests, and keep this declaration up to date;
* Agree to provide a current Bankruptcy Register Search; and
* Agree to provide a current Nationally Coordinated Criminal History Check.

**Name of Applicant:**  **Signature(s):** **Date:** ……../...……/….....… |

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| **PART 4.2 – Eligibility, Capability & Capacity**  |

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| **Part 4.2.1 -** **Current Resident of Liverpool Local Government Area** *The Applicant is to confirm they currently reside in the Liverpool Local Government Area. Please provide 2 form of proof of residence. For example, drivers licence and electricity bill.* |
| ***Please provide response here.*** |

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| **Part 4.2.2 - Knowledge and Awareness of Issues of Concern to the Liverpool Local Government Area** *The Applicant is to provide the relevant details to demonstrate knowledge and awareness of the Liverpool LGA and issues of concern to the local community* |
| ***Please provide response here.*** |

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| **Part 4.2.3 - Demonstrated understanding of the planning process and assessment issues**  |
| ***Please provide response here.*** |

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| **Part 4.2.4 - Represent and Communicate the Interests of the Local Community***The Applicant is to provide an understanding of the interests of the Local Community and provide an ability to represent and communicate these interests* |
| ***Please provide response here.*** |

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| **Part 4.2.5 - Ability to attend the LLPP meetings (in person and/or virtually) and contribute constructively to the determination of applications.**  |
| ***Please provide response here.*** |

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| **Part 4.2.6 - Willing to adhere to the LLPP code of conduct and operational procedures**  |
| ***Please provide response here.*** |

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| **ATTACHMENT A - PROJECT HAZARD IDENTIFICATION**  |

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| **Tender Number:** | **RCL3079** |
| **Tender Title:** | **Liverpool Local Planning Panel Membership – Local Community Representative** |
| *Council has identified the following hazards associated with the supply of Goods. The Applicant is required to identify the control measures to address the hazards as well as any other hazards that may be associated with services.**The successful Applicant is responsible for undertaking its own project risk assessment as part of its Work Health and Safety Management Plan.*  |
| **Task/Activity** | **Hazards** | **Control Measures** |
| * Site visits/inspections
 | Access/EgressEnvironment; hot, cold, wet, dark, nightLand ContaminationManual HandlingPublic AbuseRadiation/SolarRemote LocationsTraffic & VehiclesUneven GroundCOVID-19 |  |