Special Council Meeting 25 October 2021

Attachment 8.1.2.1



DEVELOPMENT ASSESSMENT PANELS LOCAL GOVERNMENT MEMBER NOMINATION

Please complete the form and submit to daps@dplh.wa.gov.au.

Local Government	
DAP Name	

		Member 1		Member 2
Name				
Address				
Phone				
Email				
Date of Birth				
Sex				
*Employer Name/s				
*Position/s				
*Employment Status	Full Time	Part Time/Casual - Specify hours per week	Full Time	Part Time/Casual - Specify hours per week
*Eligibility for Payment	Yes	No	Yes	No

	Alte	rnate Member 1	Alte	rnate Member 2
Name				
Address				
Phone				
Email				
Date of Birth				
Sex				
*Employer Name/s				
*Position/s				
*Employment Status	Full Time	Part Time/Casual - Specify hours per week	Full Time	Part Time/Casual - Specify hours per week
*Eligibility for Payment	Yes	No	Yes	No

^{*} The employment details refer only to external employment and does not include your role as a Local Government member. Eligibility for DAP sitting fees is determined in accordance with the Permier's Circular 2019/07.

LOCAL GOVERNMENT CONTACT DETAILS - MINUTE TAKER				
Name				
Phone		Email		

City of Kalamunda 81

City of Kalamunda 609