Native Vegetation Panel Membership Application

This form is to be used when applying to become a Panel member of the Native Vegetation Panel under the *Local Land Services Act 2013.*

# Important information

In order for your application to be properly assessed, all sections of this form (where applicable) must be completed, in detail. Applicants must be 18 years of age. If you are a current or past panel member, you are required to complete all sections of this form in detail. Reliance on previous experience and time served as a board member is not sufficient evidence of your skills & experience.

# About Panel Membership

The Native Vegetation Panel operates across the State and is a NSW Government agency that makes merit-based determinations of applications for clearing native vegetation. The Native Vegetation Panel is constituted under the *Local Land Services Act 2013* and has the function of determining applications for approval to clear native vegetation under:

* Division 6 of Part 5A of the Local Land Services Act 2013, and
* Part 4 of the *State Environmental Planning Policy (Vegetation in Non-Rural Areas) 2017*.

More information about the Panel can be found at www.nvp.nsw.gov.au and in the *Local Land Services Act 2013* (see http://www.legislation.nsw.gov.au).

The Panel consists of three members appointed by the Minister of Primary Industries, as follows:

* a Chairperson of the Panel, being a person with expertise in planning, public administration or social assessment,
* a person with expertise in economics, agricultural economics or agricultural land production systems,
* a person with expertise in ecology or the protection and conservation of biodiversity.

Panel appointments are paid positions, apart from NSW government employees.

Members can be appointed for up to three years and are also eligible for re-appointment.

## Contact us

For more information, please contact us at:

Native Vegetation Panel c/o Local Land Services

PO Box 6082

Dubbo NSW 2830

Phone: 1300 795 299

Email: [info@nvp.nsw.gov.au](mailto:info@nvp.nsw.gov.au)

Web: nvp.nsw.gov.au

**Privacy statement**

The personal information you provide on this form is subject to the *Privacy & Personal Information Protection Act 1989*. It is being collected by NSW Department of Industry and will be used for purposes related to this application. Local Land Services will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary or required to be supplied. If you choose not to provide the requested information we may not be able to process this application. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained from the Local Land Services website at https://www.dpie.nsw.gov.au/privacy

# Applicant details

This information may be used to positively identify you during your dealings with Local Land Services. All fields must be completed unless otherwise stated.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Salutation | Mr  Mrs  Ms  Miss  Dr  Other: | | | | | | |
| First Name |  | | | | Middle Name |  | |
| Surname |  | | | | Date of Birth |  | |
| Home | |  | Work |  | | Mobile |  |
| PLEASE NOTE – the email address you provide will be used by the department for the purpose of communications. This includes, but is not limited to, important information, newsletters, upcoming events, awards, funding round information and other relevant correspondence. | | | | | | | |
| Email | |  | | | | | |
| Residential Address | |  | | | | | |
| Postal Address | |  | | | | | |

# Applicant Information

Questions marked with an \* are optional. This information will be only used for the purpose of reporting on diversity in boards. All data reported will be collected and stored in accordance with the Privacy & Personal Information Protection Act 1989.

|  |  |  |
| --- | --- | --- |
| 1. Do you identify as an Aboriginal or Torres Strait Islander?\* | Yes | No |
| 2. Were either of your parents born overseas?\* | Yes | No |
| 3. Do you speak a language other than English at home?\* | Yes | No |

|  |  |
| --- | --- |
| 4. Do you have a culturally and linguistically diverse background?\* | Yes. If yes please provide details below  No |
|  | |
| 5. Do you identify as a person with a disability?\* | Yes. If yes please provide details below  No |
|  | |

# Expressing interest in vacancy

Please select membership category you wish to be considered for:

|  |  |
| --- | --- |
| Proposed position | a Chairperson of the Panel, being a person with expertise in planning, public administration or social assessment  a person with expertise in economics, agricultural economics or agricultural land production systems  a person with expertise in ecology or the protection and conservation of biodiversity |

# Applicant’s Skills, Experience and Memberships

Successful boards have a membership with a variety of skills and experience. The information below will be used to help assess your application to be a board member:

|  |  |  |
| --- | --- | --- |
| 1. Are you a public servant? | Yes  No | |
| 2. What is your current occupation? |  | |
| 3. If no current occupation, please provide details on your most recent occupation? | | |
| 4. Please detail the skills and experience you have to offer. For example; financial skills, business experience, technical or trade skills, marketing, information technology etc: | | |
|  | | |
| 5. Please list any professional membership/s, tertiary or trade qualifications: | | |
| **Qualification** | | **Date Completed** |
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| --- | --- | --- | --- | --- |
| 6. Please list any other information which you think may be relevant: | | | | |
|  | | | | |
| 7. Are you a member of any other Government or non-Government boards or committees? | | | Yes. If yes please provide details below  No | |
| **Board / Committee** | **Position** | **Period of Service** | | **Number of times appointed** |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| 8. Are you named in the Lobbyist register? <http://www.dpc.nsw.gov.au/programs_and_services/lobbyist_register> | | | Yes. Please provide details below  No | |

|  |  |
| --- | --- |
| 9. I enclose a copy of my current Resume in support of my application | Yes. Please attach and complete ‘supporting documentation checklist’  No |
| 10. I enclose a copy of my driver’s licence or other photograph identification for proof of identification purposes in support of my application | Yes. Please attach and complete ‘supporting documentation checklist’  No |
| 11. Do you currently have a WWCC authorisation reference number**?** | Yes. Please attach and complete ‘supporting documentation checklist’  No  Please refer to the following website to apply for a working with children check, it is free for volunteers.  https[://www.servic](http://www.service.nsw.gov.au/transaction/apply-)e[.nsw.gov.au/trans](http://www.service.nsw.gov.au/transaction/apply-)ac[tion/apply-](http://www.service.nsw.gov.au/transaction/apply-) working-children-check |

# Referees

It is a mandatory requirement to provide the names and contact details of two (2) referees in support of your application:

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Address |  | | |
| Contact Number |  | | |
| Email |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Address |  | | |
| Contact Number |  | | |
| Email |  | | |

# Declaration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Have you ever been declared bankrupt or sought protection from any bankruptcy laws? | | | Yes. If yes, please confirm details  No | |
|  | | | | |
| 2. Have you ever been convicted anywhere in Australia or overseas of an offence that, if committed in NSW, would be punishable in NSW by at least 12 months imprisonment? | | | Yes. If yes, please confirm details  No | |
|  | | | | |
| 3. If selected for appointment, do you have any conflict of interest (pecuniary or otherwise) to declare? Refer to CLMA16, Schedule 5; Part 4; Division 4 ‘Conduct of Board members’ | | | Yes. If yes, please confirm details  No | |
|  | | | | |
| 4. If you are appointed to the Panel, are there any circumstances that you are aware of that may give rise to an actual, perceived or potential conflict of interest? | | | Yes. If yes please provide details below  No | |
|  | | | | |
| 5. I understand that if selected for appointment, I will be bound to act in accordance with the Native Vegetation panel Appointment Instrument (a copy will be sent to you on appointment), and, the Native Vegetation Panel Code of Conduct (available for viewing on the website) | | | Yes  No | |
| I declare,   * The answers and information given in this application are true and correct and I have not withheld any information likely to affect the assessment of my application. * If selected for appointment, I agree to undertake the mandatory Native Vegetation Panel Induction Program before my appointment will be finalised. * I have provided the name and contact details of two (2) referees and authorise the Department to make contact for the purpose of appointment to a board * That consent to the collection, storage, use and disclosure of my personal and sensitive information will be in accordance with the *Privacy Act 1988*, for both the primary purpose of assessing my application for panel membership, and if appointed, for the secondary purpose of disseminating to me information, notices and details regarding the panel; and * I authorise Local Land Services to reference relevant sources to confirm the information supplied in this application and any accompanying attachments to determine my eligibility and suitability for appointment to a board.   I understand that: my personal information may be disclosed to other NSW Government departments and agencies, including the Department of Premier and Cabinet, and/or Ministers for the purposes of the appointment process. | | | | |
| *Please print your full name* |  | | | |
| Signature |  | Date | |  |

**Supporting documentation checklist**

Copy of my resume to support my application

Copy of my driver’s licence or photograph identification

Copy of my “Working with Children check (WWCC) reference number (if appropriate)

Thank you - your application is appreciated.

## Lodgement

Email the completed form to: [info@nvp.nsw.gov.au](mailto:info@nvp.nsw.gov.au)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Office use only | | | | | | |
| Membership Category | |  | Entered by (staff members name) | | |  |
| Staff initial |  | | | Date |  | |

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