Redfern Community Consultation

Feedback on the redevelopment of 600-660 Elizabeth Street Redfern



Thank you for taking the time to provide feedback on the Redfern Redevelopment. This feedback form consists of nine (9) questions and will take you approximately seven (7) minutes to complete.

The information you give us will remain anonymous and help shape the future of the Redfern Redevelopment project. To find out more please go to: https://www.communitiesplus.com.au/majorsites/redfern

Your feedback

1. What do you like about the local Sense of community Parks and playgrounds Shops and retail Cafes and restaurants	Community services Schools an childcare Other (please tell us more)	•••
2. Which local facilities do you re	egularly use? (<i>Please tick all</i>	that apply.)
Services Counterpoint Community Services Catholic Community Services	Fact Tree Youth Services Aboriginal Legal Centre Redfern Legal Centre	Waterloo Library WEAVE Women 107 Project
Education Poets Corner Preschool KU James Cahill childcare Our Lady of Mt Carmel Catholic Primary School Alexandria Park School Shops Coles Dank Street Redfern	Recreation PCYC Redfern Oval Redfern Park National Centre for Indigenous Excellence Meeting Rooms Redfern Oval Community Room	Medical Poets Corner Medical Centre Aboriginal Medical Service Redfern Redfern Community Heath Centre Poets Corner Chemist
Woolworths Surry Hills Shopping Centre Redfern Shops Poets Corner Supermarket Aldi Waterloo	Ron Williams Centre Our Place more about how you use these f	acilities

3. Referring to the image, what are the most important factors for you in the design of the site and why?



4. Referring to the image, what is important to you regarding publicly accessible open spaces and why? (*Please tick all that apply*.)



5. Is there anything else that should be considered?

6. I am (please select one option)	
Private resident in the area	
Social housing resident in Redfern Social	
housing resident in Waterloo Social housing	
resident elsewhere Work in the area	
Other (please specify)	
7. Gender: (please select one option)	
Female	
Male	
Other (please specify)	
Don't wish to say	
8. Age: (please select one option)	
Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65-79	
80+	
Don't wish to say	
9. Of Aboriginal or Torres Strait Islander background: (please select one option	n)
Yes No	
Don't wish to say	
Thank you for your feedback.	

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