

## We want to hear from you!

The \$438 million Shoalhaven District Memorial Hospital Redevelopment will deliver state-of-the-art health care for the local community, including a new emergency department, medical wards, dedicated mental health ward, cardiology wards and double the number of surgical and operating theatres.

Health services in the region will be more self-sufficient, giving residents access to more services locally so they don't have to leave the region for the majority of their treatment.

We have been working hard since the Master Plan was released, and we are pleased to be able to present the updated design for our new hospital.

We are interested in your views and ideas to help us finalise the plans. We will use this feedback to help inform the next stages of the project.

There will be a number of opportunities to provide additional feedback, including during the formal exhibition process.



### Which of the following best describes you? (please select all that apply)

- Community member
- Nearby resident
- Hospital staff
- Local business owner
- Work in healthcare
- Student
- Carer
- Hospital consumer/patient

### In which suburb or town do you live?

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### What is your age?

- 15-35
- 35-50
- 50-65
- Over 65

**What do you think about the design of the new hospital?**

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**What type of landscaping would you like to see in and around the Hospital and Nowra Park?**

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**Do you have any other feedback you would like to provide?**

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**What non-medical facilities and features are most important to you? (please rank)**

- \_\_\_ Cafe
- \_\_\_ Playground
- \_\_\_ Aboriginal culture and history
- \_\_\_ Outdoor seating/shade
- \_\_\_ Art
- \_\_\_ Heritage/historical items
- \_\_\_ Green space/gardens/landscaping
- \_\_\_ Environment and sustainability
- \_\_\_ Waiting areas
- \_\_\_ Other: \_\_\_\_\_

***We appreciate you taking the time to provide input into the proposed redevelopment.***

**Please include your name and contact details if you would like to receive updates on the project, or if you would like to be included in future consultation about topics of interest.**

**Would like to receive regular project updates? (optional)**  
 Yes     No

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Our privacy policy**

This feedback form is managed by the Shoalhaven Hospital Redevelopment team. The information collected will be used for planning and research purposes and in accordance with the NSW government's privacy responsibilities and obligations. The NSW government's privacy practices are regulated by NSW *Privacy and Personal Information Protection Act 1988*. All personal data will be held securely and will not be shared with third parties.

**Thank you for providing your feedback**

For more information on the Shoalhaven Hospital Redevelopment, please contact the project team or visit our website.

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