Family Violence and Child Information Sharing Request

Sensitive Information – may be Freedom of Information Exempt
(Information provided in confidence and may include matters that affect personal privacy)

Requesting Information Sharing Entities (ISEs) are to email completed form to ISS@seymourhealth.org.au
Tick one or both:

- ☐ Family Violence Information Sharing Scheme (FVISS) request (Part 5A Family Violence Protection Act 2008)
- ☐ Child Information Sharing Scheme (CISS) request (Part 6A Child Wellbeing and Safety Act 2005)

Requesting Information Sharing Entity details:			
ISE Agency Name		ISE Contact Person *(name and job title):*	Name: Job Title:
Request date:		Region *(if applicable):*	
Phone:		Email:	
Fax:		Address:	
Is agency also a Risk Assessment Entity (RAE) under FVISS? ☐ Yes ☐ No			

Information request relates to:	☐ A family violence risk assessment purpose ☐ A family violence protection purpose ☐ Promoting the wellbeing or safety of a child or group of children		
The subject of the request:	☐ Alleged Perpetrator ☐ Victim-survivor - Adult ☐ Victim-survivor – child	☐ Perpetrator ☐ Third Party ☐ Child or group of children	
Full Name:	DOB:		Gender:

FVISS request only:	
Is consent required to share the information in this circumstance	☐ Yes ☐ No
How was consent obtained (if applicable)	☐ Written ☐ Verbal ☐ Implied* **outline how consent was implied*
If consent was overridden, reason for this	☐ Child Involvement ☐ Serious threat to life or safety
If consent is not required from a victim survivor, were their views and wishes obtained?	☐ Yes *(outline within request – P.T.O.)* ☐ No
CISS request only	
Why is the information about the child required? *(Tick appropriate box and provide any additional supporting information within request – P.T.O.)*	☐ To make a decision, assessment or plan ☐ To initiate or conduct an investigation ☐ To provide a service ☐ To manage a risk
Were the views obtained from the child or their parent (non-perpetrator)?	☐ Yes *(outlie within request – P.T.O.)* ☐ No *(outline within request – P.T.O.)*

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Information requested: (please attach additional page if required)	Page 2 of 2
1.	
2.	
3.	
4.	

Internal use only				
Response letter sent:	☐ Yes	☐ No	Date:	
Method of correspondence:	☐ Secure email	☐ Secure post	☐ Fax	☐ verbal