

**FAMILY VIOLENCE / CHILD
INFORMATION SHARING REQUEST**



Date _____ UR _____
Surname _____
Given Name _____
DOB _____ Age _____ Sex _____

<input type="checkbox"/> Family Violence Information Sharing Scheme (FVISS) Request		
<input type="checkbox"/> Child Information Sharing Scheme (CISS) Request		
<input type="checkbox"/> Both FVISS and CISS Request		
Requesting Information Sharing Entity (ISE) Details:		
Date of Request:	Region (if applicable):	
ISE Agency and/or service within agency:		
ISE Contact person	Name:	
	Job Title:	
Phone:	Email:	
Timeframe by which information is needed (number of business days):		
Is agency also a Risk Assessment Entity (RAE) under FVISS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Information request relates to:	<input type="checkbox"/> A family violence assessment purpose	
	<input type="checkbox"/> A family violence protection purpose	
	<input type="checkbox"/> Promote the wellbeing/safety of a child or group of children	
The subject of the request:	Name: _____ DOB: _____	
	Address: _____	
	If sharing under FVISS is the above person/s: <input type="checkbox"/> A perpetrator <input type="checkbox"/> An alleged perpetrator <input type="checkbox"/> An adolescent that uses violence <input type="checkbox"/> An adult victim survivor <input type="checkbox"/> A child victim survivor <input type="checkbox"/> A third party <input type="checkbox"/> Any person where the victim survivor is a child	If sharing under CISS is the above person/s: <input type="checkbox"/> A child <input type="checkbox"/> A relevant family member of that child <input type="checkbox"/> Any other person, in order to promote the child's wellbeing or safety
FVISS Request Only:		
Is consent required to share the information in the circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How was consent obtained (if applicable): <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Implied		
Copy of consent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If consent was over-ridden, reason for this:	<input type="checkbox"/> Child involvement <input type="checkbox"/> Serious threat to life or safety	
If consent is not required from a victim survivor, were their views and wishes obtained?	<input type="checkbox"/> Yes (outline within request) <input type="checkbox"/> No (outline below)	



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Date _____ UR _____

Surname _____

Given Name _____

DOB _____ Age _____ Sex _____

CISS Request Only:

Why is the information about the child required?

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 (outline within request)
 No (outline below)

Information Requested: (Please attach additional page if required)

1.

2.

3.

If no consent was obtained, is the person aware that their information is being shared without consent? Yes No

Lodge the completed form to iss@eghs.net.au or fax to (03) 5352 9333

By lodging this request with East Grampians Health Service, I declare:

- I am authorised to request information on behalf of a prescribed ISE or RAE
- All necessary consents have been obtained in accordance with the Family Violence Act 2008 (Family violence information sharing scheme) and Child Wellbeing and Safety Act 2005 (Child sharing information scheme)
- To the best of my knowledge, the information requested above is not excluded under the Family Violence Act 2008 (Family violence information sharing scheme) and Child Wellbeing and Safety Act 2005 (Child sharing information scheme)

***FOI exempt**

Name: _____ Designation: _____

Signature: _____ Date: _____

Internal Use Only (EGHS Staff Only):

Date Received: _____ Initial: _____

Outcome of Request: Granted Denied Reason Denied: _____

Date Response Sent: _____ Initial: _____

Response Sent To: _____

Method of Correspondence: Express Post Fax Verbal

Copy of risk assessment or safety plan for a person at risk of family violence attached? Yes No