



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)



GVHealth

Requesting Information Sharing Entities (ISEs) are to email completed form to informationsharing@gvhealth.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: | | | Page 1 of 2 |
|--|--|---|---------------------------|
| ISE agency name: | | ISE contact person <i>(name and job title)</i> | Name: <hr/> Job title: |
| Request date: | | Region <i>(if applicable):</i> | |
| Phone: | | Email: | |
| Fax: | | Address: | |
| Is agency also a Risk Assessment Entity (RAE) under FVISS? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Is this request urgent? i.e. response required in less than 2 business days Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | |
|---------------------------------|---|
| Information request relates to: | <input type="checkbox"/> A family violence risk assessment purpose <input type="checkbox"/> A family violence protection purpose <input type="checkbox"/> Promoting the wellbeing or safety of a child or group of children |
| The subject of the request: | <input type="checkbox"/> Alleged perpetrator <input type="checkbox"/> Perpetrator <input type="checkbox"/> Victim survivor- adult <input type="checkbox"/> Third party <input type="checkbox"/> Victim-survivor-child <input type="checkbox"/> Child or group of children |

| | | |
|------------|------|---------|
| Full name: | DOB: | Gender: |
|------------|------|---------|

| 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 <i>(if applicable)</i> | <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> * Implied <i>*outline how consent was implied:</i> |
| 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 <i>(outline within request – P.T.O.)</i> <input type="checkbox"/> No |

| CISS request only: | |
|---|---|
| Why is the information about the child required? <i>(Tick appropriate box and provide any additional supporting information (outline within request – P.T.O.)</i> | <input type="checkbox"/> To make a decision, assessment or plan <input type="checkbox"/> To initiate or conduct an investigation <input type="checkbox"/> To provide a service <input type="checkbox"/> To manage a risk |
| Were the views obtained from the child or their parent (non-perpetrator)? | <input type="checkbox"/> Yes <i>(outline within request – P.T.O.)</i> <input type="checkbox"/> No <i>(outline within request – P.T.O.)</i> |

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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: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | |
| Method of correspondence: | <input type="checkbox"/> Secure email <input type="checkbox"/> Secure post | <input type="checkbox"/> Fax | <input type="checkbox"/> Verbal |