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| --- | --- | --- | --- | --- | --- | --- |
| **FAMILY VIOLENCE / CHILD INFORMATION SHARING SCHEME REQUEST** | | |  | | --- | | U.R. Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Given Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­  D.O.B. / / Sex \_\_\_\_\_\_\_\_\_\_\_\_\_  Attach patient ID Labels if available | | | | |
| ☐ Family Violence Information Sharing Scheme (FVISS) request ☐ Both FVISS and CISS request  ☐ Child Information Sharing Scheme (CISS) request | | | | | |
| **Requesting Information Sharing Entity (ISE)^ Details:** | | | | | |
| ISE agency and/or service  within agency: | | | ISE contact person’s name  (if applicable): | | |
| Request date: | | | Region  (If applicable): | | |
| Phone: | | | Email: | | |
| Time frame by which information is needed (allow 3 business days): | | | | | |
| Is agency also a Risk Assessment Entity (RAE)# ☐ Yes ☐ No | | | | | |
| Information request  relates to: | | | ☐ A family violence assessment purpose  ☐ A family violence protection purpose  ☐ Promote the wellbeing/safety of a child or group of children | | |
| The subject of the request: | Full name:  DOB: | | | | |
| Address: | | | | |
| If sharing under FVISS, is the above person/s:  ☐ a perpetrator  ☐ an alleged perpetrator  ☐an adolescent that uses violence  ☐ an adult victim survivor  ☐ a third party  ☐ any person where the victim survivor is a child. | | | | If sharing under CISS, is the above person/s:  ☐ a child  ☐ a relevant family member of that child  ☐ any other person, in order to promote the child’s wellbeing or safety |
| **FVISS request only:** | | | | | |
| Is consent required to share information in the circumstances: | | | | ☐ Yes ☐ No | |
| How was consent obtained (if applicable) | | | | ☐ Written ☐ Verbal ☐ Implied | |
| If consent was over-ridden, reason for this | | | | ☐ Child Involvement  ☐ Serious threat to life or safety | |
| **CISS request only:** | | | | | |
| Why is the information about the child required: | | | | ☐ To make a decision or assessment  ☐ To initiate or conduct an investigation  ☐ To provide a service  ☐ To manage a risk | |
| **Information requested: (Please attach additional page if required)** | | | | | |
| **1.** | | | | | |
| **2.** | | | | | |
| **3.** | | | | | |

*For definitions and information on lodgement of this form please see over page*

**Lodge the completed for to iss@mdhs.vic.gov.au**

**By lodging this request with Maryborough District 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 Information Sharing Scheme).
* To the best of my knowledge, the information requested above is not exclude under the *Family Violence Act 2008 (Family Violence Information Sharing Scheme) and Child Wellbeing and Safety Act 2005*) Child Information Sharing Scheme).
* **FOI exempt**

**^Information Sharing Entity (ISE):**

a person, service or organisation that has been prescribed to an Information Sharing Entity under the FVISS and/or CISS.

**# Risk Assessment Entity (RAE)**

an ISE that is also prescribed to be an RAE under the FVISS. RAEs are authorised to request information for a family violence assessment purpose.

**Family Violence Information Sharing Scheme (FVISS):**

applies to a perpetrator, an alleged perpetrator, an adolescent that uses violence, an adult victim survivor, a child victim survivor, a third party and any person where the victim survivor is a child.

**Child Information Sharing Scheme (CSISS):**

applies to a child, a relevant family member of that child an any other person, in order to promote the child’s wellbeing or safety.