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| **FAMILY VIOLENCE / CHILD INFORMATION SHARING SCHEME REQUEST** |

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| U.R. Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­D.O.B. / / Sex \_\_\_\_\_\_\_\_\_\_\_\_\_ Attach patient ID Labels if available |

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| ☐ 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 servicewithin 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 requestrelates 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.