



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:	<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
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The subject of the request:	Full 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 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 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
If consent was over-ridden, reason for this	<input type="checkbox"/> Child Involvement <input type="checkbox"/> Serious threat to life or safety

CISS request only:

Why is the information about the child required:	<input type="checkbox"/> To make a decision or assessment <input type="checkbox"/> To initiate or conduct an investigation <input type="checkbox"/> To provide a service <input type="checkbox"/> To manage a risk
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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.