

Family Violence and Child Information Sharing Request

This form is to be completed by Information Sharing Entities (ISEs) and then emailed to informationsharing@primarycareconnect.com.au

Which Information Sharing Scheme are you requesting this information under?

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 Details of Information Sharing Entity (ISE):

ISE Agency Name:		ISE Contact Person: (name and job title)	
ISE Address:		Date of Request:	
Telephone:		Email:	
Is this ISE also a Risk Assessment entity (RAE) under FVISS:		Yes	No
Is this request urgent? i.e. response required in less than 2 business days		Yes	No

Information request relates to: (tick all that apply)	A family violence risk assessment purpose A family violence protection purpose Promoting the wellbeing or safety of a child or group of children	
The subject of the request: (tick all that apply)	Alleged perpetrator Victim survivor (adult) Victim survivor (child)	Perpetrator Third Party Child or group of children
Full name of PCC client:		
DOB of PCC client:		
FVISS Requests only:		
Is consent required to share information in the circumstances?	Yes No	Comments:
How was consent obtained? (if applicable)	Verbal Written Implied	Comments:
If consent was over-ridden, what was the reason for this.	Child involvement Serious threat to life or safety	Comments:
CISS Requests only:		
Why is the information about the child required? (Tick all that apply and provide any additional supporting information in the detail of the request – see over page)	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/carer (non-perpetrator)?	Yes (outline within request_ see over page) No (outline within request_ see over page)	

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Sensitive Information – information provided in confidence, and many include matters that affect personal privacy.

Please provide specific details of information being requested

Internal Use only		
Response Letter sent:	Yes No	Date sent:
Method of correspondence:	Secure email Secure Post Verbal	