

Family Violence & Child Information Sharing Request from a prescribed Information Sharing Entity/RAE

Part 5A Family Violence Protection Act 2008

Part 6A Child Wellbeing and Safety Act 2005

Requesting Information Sharing Entity details:			
ISE agency name:		ISE contact name: (if applicable)	
Request date:		Region/Division: (if applicable)	
Phone:		Email:	

Information request relates to:	Promote the wellbeing/safety of a child/children
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The subject of the request:	A child or group of children	MNI: (if known)	
Full name:	DOB:	Gender:	Choose an item
Is the information being requested <i>excluded information</i> :		<input type="checkbox"/> FVIS <input type="checkbox"/> CIS <input type="checkbox"/> No	
Would the sharing of the information contravene another law:		<input type="checkbox"/> FVIS <input type="checkbox"/> CIS <input type="checkbox"/> No	
Family Violence Information Sharing Request (FVIS) only:			
Is consent required to share the information in the circumstances:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How was consent obtained (if applicable):		<input type="checkbox"/> In writing <input type="checkbox"/> Verbally <input type="checkbox"/> Implied	
Child Information Sharing Request (CIS) only:			
Why is the information about the child required:		To manage a risk	
Was the view of the child and/or their parent sought or obtained in relation to the information being disclosed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the child and/or their parent informed that the information was/would be disclosed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Information requested: (if additional information required, please attach additional page)	Information shared by ISE (Completed by responding ISE only)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No

To be completed by responding Information Sharing Entity use only:					
Is the requesting ISE prescribed receive the requesting information:		<input type="checkbox"/> FVIS <input type="checkbox"/> CIS <input type="checkbox"/> No			
Is any of the information excluded under any Act:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If information was not shared, was ISE notified:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date ISE notified:		
ISE agency name:		ISE contact name:			
Date request received:					
Information authorised and shared by ISE employee details:					
Employee name:		Position (if applicable):		Phone no.:	

SENSITIVE

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