

Family Violence and Child Information Sharing Request

Requesting ISEs are to email completed form to ncnhealth@ncnhealth.org.au

Tick one or both.

- Family Violence Information Sharing Scheme (FVISS) request
 Child Information Sharing Scheme request (CISS) request

Requesting Information Sharing Entity details:			
ISE agency name:		ISE organization and contact name	
Request date:		Region (if applicable):	
Phone:		Email:	
Is agency also a Risk Assessment Entity (RAE) under FVISS? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Information request relates to:	<input type="checkbox"/> A family violence risk assessment purpose <input type="checkbox"/> A family violence protection purpose <input type="checkbox"/> Promoting the wellbeing or safety of a child or group of children		
The subject of the request:	<input type="checkbox"/> Alleged perpetrator <input type="checkbox"/> Victim survivor- adult <input type="checkbox"/> Victim-survivor-child	<input type="checkbox"/> Perpetrator <input type="checkbox"/> Third party <input type="checkbox"/> Child or group of children	
Full name:	DOB:	Gender:	
Campus you are requesting to provide the information: <input type="checkbox"/> Nathalia <input type="checkbox"/> Cobram <input type="checkbox"/> Numurkah			
FVISS request 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"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Implied		
If consent was over-riden, reason for this	<input type="checkbox"/> Child involvement <input type="checkbox"/> Serious threat to life or safety		
If consent is not required from a victim survivor, were their views and wishes obtained?	<input type="checkbox"/> Yes (outline within request) <input type="checkbox"/> No		
CISS request only:			
Why is the information about the child required?	<input type="checkbox"/> To make a decision, assessment or plan <input type="checkbox"/> To initiate or conduct an investigation <input type="checkbox"/> To provide a service <input type="checkbox"/> To manage a risk <input type="checkbox"/> Other: _____		
Were the views obtained from the child or their parent (non-perpetrator)?	<input type="checkbox"/> Yes (outline within request) <input type="checkbox"/> No		
Information requested: (Please attach additional page if required)			
1.			
2.			
3.			

Internal use only								
Response letter sent:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Date:				
Method of correspondence:	<input type="checkbox"/>	Secure email	<input type="checkbox"/>	Secure post	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Verbal

Part 5A Family Violence Protection Act 2008
Part 6A Child Wellbeing and Safety Act 2005