

**FOI EXEMPT
FAMILY VIOLENCE AND
CHILD INFORMATION
SHARING REQUEST**

Email form to ISS@phcn.vic.gov.au

UR NUMBER
SURNAME
GIVEN NAMES
DATE OF BIRTH Gender
Please fill in if no Patient Label available App.19/6/19 Print Code:17634

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

Requesting Information Sharing Entity (ISE) details:

ISE agency name:		ISE contact name (if applicable):	
Request date:		Region (if applicable):	
Phone:		Email:	

Is agency also a Risk Assessment Entity (RAE): Yes 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"/> Promote the wellbeing / safety of a child or group of children

The subject of the request:	<input type="checkbox"/> Alleged perpetrator	<input type="checkbox"/> Perpetrator
	<input type="checkbox"/> Victim survivor - adult	<input type="checkbox"/> Third party
	<input type="checkbox"/> Victim survivor - child	<input type="checkbox"/> Child or group of children

Full name: DOB: Gender:

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-riden, 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.

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"/> Fax <input type="checkbox"/> Secure post <input type="checkbox"/> Verbal	PH Employee Name (print): Signature:
Part 5A Family Violence Protection Act 2008 Part 6A Child Wellbeing and Safety Act 2005		



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