

## Family Violence and Child Information Sharing Request

### Sensitive Information – may be Freedom of Information Exempt

(Information provided in confidence and may include matters that affect personal privacy)

Requesting Information Sharing Entities (ISEs) are to email completed form to [his@kyhealth.org.au](mailto:his@kyhealth.org.au)

Tick one or both:

- 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)

<b>Requesting Information Sharing Entity details:</b>		Page 1 of 2
ISE agency name:	ISE contact person <i>(name and job title)</i>	Name:  Job title:
Request date:	Region <i>(if applicable):</i>	
Phone:	Email:	
Fax:	Address:	
Is agency also a Risk Assessment Entity (RAE) under FVISS? Yes <input type="checkbox"/> No		
Is this request urgent? i.e. response required in less than 2 business days 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"/> 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"/> 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:
<b>FVISS request only:</b>		
Is consent required to share the information in the circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How was consent obtained <i>(if applicable)</i>	<input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> * Implied <i>*outline how consent was implied:</i>	
If consent was over-ridden, 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 <i>(outline within request – P.T.O.)</i> <input type="checkbox"/> No	
<b>CISS request only:</b>		
Why is the information about the child required? <i>(Tick appropriate box and provide any additional supporting information (outline within request – P.T.O.)</i>	<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	
Were the views obtained from the child or their parent (non-perpetrator)?	<input type="checkbox"/> Yes <i>(outline within request – P.T.O.)</i> <input type="checkbox"/> No <i>(outline within request – P.T.O.)</i>	

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<b>Information requested:</b> (Please attach additional page if required)	Page 2 of 2
1.	
2.	
3.	
4.	

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

Applicable from 19<sup>th</sup> April 2021