



**FVISS & CISS
INFORMATION
SHARING
REQUEST FORM**

Unit Record

No: _____

Name: _____

Date of Birth: _____ **Sex:** Male / Female

Place Identification Label Here

Requesting Agency Details:

Agency Name:		Date:	
Contact Name:		Phone:	
Email:			

Is your agency a Risk Assessment Agency (RAE)? Yes No
 Is your agency an Information Sharing Agency (ISE)? Yes No

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

Information request is for:

A family violence risk assessment purpose
 A family violence protection purpose
 Promote the wellbeing/safety of a child or group of children (select which applies):

- To make a decision or assessment
- To initiate or conduct an assessment
- To provide a service
- To manage a risk

Subject of the Request:

Alleged perpetrator Perpetrator
 Victim survivor – adult Third party
 Victim survivor – child Child or group of children

Subject's Full Name: _____ **DOB:** _____ **Gender:** _____

Consent

Is consent required to share the information in the circumstances? Yes No
*Consent must be obtained from adult victim survivors (with no children in their care) or third parties.
 No consent required from alleged perpetrators/perpetrators or child victim survivors.*

Was consent obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If consent was not obtained, why?
		<input type="checkbox"/> Alleged perpetrator / perpetrator <input type="checkbox"/> Assessing or managing risk to child victim survivor <input type="checkbox"/> Serious threat to life or safety <input type="checkbox"/> Other:

Information requested: e.g. reason for admission, date of discharge <i>(if additional information required please attach additional page)</i>	Background information to support the request:
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Email completed form to: informationsharing@benallahealth.org.au

Sensitive

Family Violence Protection Act (2008)

Child Wellbeing and Safety Act (2005)

FVISS & CISS INFORMATION SHARING REQUEST FORM

MR 2010

OFFICE USE ONLY

ISS Team to complete:

Date request received:		Authenticity of requestor confirmed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the requesting agency an RAE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the requesting agency an ISE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the information requested for:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> A family violence risk assessment purpose (<i>this information can only be shared with RAEs</i>) A family violence protection purpose Promote the wellbeing / safety of a child or group of children 			

Delegated employee to complete:

Information is NOT to be shared if it meets the exclusion criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If 'yes' to any question, information can not be shared.</i>
<ul style="list-style-type: none"> Could endanger a person's life or result in physical injury Could prejudice legal proceedings or a police investigation Is restricted from being shared under other laws 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you recommend information be shared?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If no, why not:	
Employee Name:		Position:

REQUESTED INFORMATION:

Enter all information that is recommended to be released, add additional page/s if needed

Delegated Authority to complete:

Do you agree it fits the requirements to share the information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not:
Name:		Title:

ISS Team to complete:

Name:		Position:	
Date agency notified:		If information was not shared, was agency notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ISS Team to upload form to client medical record

Sensitive

Family Violence Protection Act (2008)
Child Wellbeing and Safety Act (2005)