



GR147



**FAMILY VIOLENCE / CHILD INFORMATION SHARING SCHEME REQUEST**

U.R. Number \_\_\_\_\_  
Surname \_\_\_\_\_  
Given Names \_\_\_\_\_  
D.O.B. / / Sex \_\_\_\_\_

Attach patient ID Labels if available

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

**Requesting Information Sharing Entity (ISE)^ details:**

ISE agency and/or service within agency:	ISE contact person's name (if applicable):
Request date:	Region (if applicable):
Phone:	Email:

Time frame by which information is needed (number of business days):

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
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The subject of the request:	Full name: _____	DOB: / /
	Address: _____	
	If sharing under FVISS, is the above person/s: <input type="checkbox"/> a perpetrator <input type="checkbox"/> an alleged perpetrator <input type="checkbox"/> an adolescent that uses violence <input type="checkbox"/> an adult victim survivor <input type="checkbox"/> a child victim survivor <input type="checkbox"/> a third party <input type="checkbox"/> any person where the victim survivor is a child	If sharing under CISS, is the above person/s: <input type="checkbox"/> a child <input type="checkbox"/> a relevant family member of that child <input type="checkbox"/> any other person, in order to promote the child's wellbeing or safety

**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-ridden, 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. \_\_\_\_\_

RELEASE FAMILY VIOLENCE / CHILD ISS REQUEST GR/147

Lodge the completed form to [ISS@bhs.org.au](mailto:ISS@bhs.org.au) preferably via secure means (e.g. LiquidFiles™) if possible

**By lodging this request with Ballarat Health Services, I declare**

- I am authorised to request information on behalf of a prescribed ISE or RAE
- All necessary consents have been obtained in accordance with the *Family Violence Act 2008* (Family violence information sharing scheme) and *Child Wellbeing and Safety Act 2005* (Child information Sharing Scheme).
- To the best of my knowledge, the information requested above is not excluded under the *Family Violence Act 2008* (Family violence information sharing scheme) and *Child Wellbeing and Safety Act 2005* (Child information Sharing Scheme).

**\* FOI exempt**

**^ Information Sharing Entity (ISE):**

a person, service or organisation that has been prescribed to be an Information Sharing Entity under the FVISS and/or CISS.

**# Risk Assessment Entity (RAE):**

an ISE that is also prescribed to be an RAE under the FVISS. RAEs are authorised to request information for a family violence assessment purpose.

**Family Violence Information Sharing Scheme (FVISS):**

applies to a perpetrator, an alleged perpetrator, an adolescent that use violence, an adult victim survivor, a child victim survivor, a third party and any person where the victim survivor is a child.

**Child Information Sharing Scheme (CISS):**

applies to a child, a relevant family member of that child and any other person, in order to promote the child's wellbeing or safety.