**Family Violence and Child Information Sharing Request**

*FVISS/CISS form V1*

*11/3/21*

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

**Under FVISS**, *only information that is relevant to a family violence assessment purpose (sharing with RAEs only) and/or a family violence protection purpose (ISE or RAEs) is permitted to be shared*.

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

**Under CISS**, *any information that can help promote a child’s wellbeing or safety can be determined to be relevant.* This information can be related to any person, not just the child themselves. Professional judgement needs to be exercised when determining if the information meets this threshold.

* **Please send to** **Assunta.morrone@wh.org.au**

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| **Requesting Information Sharing Entity details:** |
| ISE agency name: |  | ISE contact person *(name and job title)* | Name: |
| Job title: |
| Request date: |  | Region*(if applicable):* |  |
| Phone: |  | Email: |  |
| Are you also a Risk Assessment Entity (RAE) under FVISS? □ Yes □ No |

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| Information request relates to: |  □ A family violence risk assessment purpose □ A family violence protection purpose □ Promoting the wellbeing or safety of a child or group of children |
| The subject of the request:  |  □ Alleged perpetrator □ Perpetrator □ Victim survivor- adult □ Third party □ Victim-survivor-child □ Child or group of children |
| Full name: | DOB: Gender: |
| FVISS request only: |
| Is consent required to share the information in the circumstances? | □ Yes □ No |
| How was consent obtained *(if applicable)* | □ Written□ Verbal□ Implied |
| If consent was over-ridden, reason for this | □ Child involvement□ Serious threat to life or safety |
| If consent is not required from a victim survivor, were their views and wishes obtained? | □ Yes *(outline within request – P.T.O.)*□ No  |
| CISS request only: |
| Why is the information about the child required?*(Tick appropriate box and provide any additional supporting information in space below.)* | □ To make a decision, assessment or plan□ To initiate or conduct an investigation□ To provide a service□ To manage a risk |
| Were the views obtained from the child or their parent (non-perpetrator)? | □ Yes *(outline within request – P.T.O.)*□ No (outline below) |

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| **Information requested:** |
| 1. **What information are you requesting under the FVISS about adult victim/survivor?**
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| **2. What information are you requesting under the FVISS about the perpetrator/alleged perpetrator?**  |
| 1. **What information are you requesting under the CISS about third party, child or group of children?**
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| **Internal use only** |
| Response letter sent: | □ Yes □ No  | Date: |
| Method of correspondence: | □ Secure email □ Verbal □ Sharefile  |
| WH staff member  | Name: |
| WH staff member  | Name: |

Part 5A Family Violence Protection Act 2008

Part 6A Child Wellbeing and Safety Act 2005