**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**](mailto:Assunta.morrone@wh.org.au)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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) |

1/2

|  |
| --- |
| **Information requested:** |
| 1. **What information are you requesting under the FVISS about adult victim/survivor?** |
| **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?** |

|  |  |  |
| --- | --- | --- |
| **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