This form is to be completed by the ISE/RAE *requesting client information from DHSV*, as permitted under the FVIS or CIS Scheme. This also applies to DHSV Community Dental Agencies. Completed forms must then be sent to [infosharing@dhsv.org.au](mailto:infosharing@dhsv.org.au) for processing.

**DHSV Family Violence and Child Information Sharing –**

**External ISE Request for Information Form**

**Patient UR:**

**Name:**

**D.O.B:**

**Requested information relates to:**

Family Violence Information Sharing Scheme (FVISS)

Child Information Sharing Scheme (CISS)

|  |  |
| --- | --- |
| **Requesting Information Sharing Entity (ISE) details** | |
| **Date of Request** |  |
| **ISE agency/service name** |  |
| **Requestor Name/Role** |  |
| **Phone** |  |
| **Email** |  |

Is your agency/service also a Risk Assessment Entity (RAE)? YES NO

|  |  |
| --- | --- |
| **Request of information relates to (tick which applies)** | |
| FVISS | |
| Family violence risk assessment purpose (requesting service must be a RAE) |  |
| Family violence protection purpose |  |
| CISS | |
| Promoting the wellbeing/safety of a child or group of children |  |

|  |  |
| --- | --- |
| **Subject of request** | Alleged Perpetrator Victim Survivor (adult) Victim Survivor (child)  Perpetrator Third Party A Child/Group of Children |
| **Full name** |  |
| **D.O.B.** |  |
| **Gender** |  |

|  |  |
| --- | --- |
| **Request for Information under FVISS** | |
| Is consent required to release this information? | YES NO |
| If applicable, how was consent obtained? | Verbal    Written  Implied |
| If consent was overridden, please tick applicable reason | Information relates to assessing/managing family violence risk to child    There was a serious threat to the health, safety, or welfare of the individual. |

|  |  |
| --- | --- |
| **Request for Information under CISS** | |
| In addition to promoting child wellbeing and safety, what was the disclosure of this information relating to? | Make a decision, assessment, or plan  To initiate or conduct an investigation  To provide a service  To manage a risk |
| Was the view of the child and/or their parent sought or obtained in relation to the information being released? | YES  NO – if no, provide reason  (i.e. not safe, not age appropriate) |
| Although not mandatory, was the child and/or their parent informed that the information was/would be requested? | YES – Outline within request  NO – If no, provide reason |

|  |  |
| --- | --- |
| **Information requested under applicable scheme (Please provide any supplementary material that may support your request)** | |
| **1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **INTERNAL USE ONLY** | |
| Response letter sent? YES Datesent………. /………../………….. | |
| Method of releasing information:  Secure email Secure mail Fax Phone/verbal | |
| **DHSV clinician involved in client care (print)** |  |
| **DHSV clinician signature** |  |
| **DHSV authorised staff processing request (print)** |  |
| **DHSV authorised staff signature** |  |
| **Date** |  |
| **Phone** |  |
| **Email** |  |
| Part 5A Family Violence Protection Act 2008  Part 6A Child Wellbeing and Safety Act 2005  Multi Agency Risk Assessment and Management Framework (MARAM) | |