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 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)

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| **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

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| **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 |  |

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| **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** |  |

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| **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. |

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| **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 |

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| **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 2008Part 6A Child Wellbeing and Safety Act 2005Multi Agency Risk Assessment and Management Framework (MARAM) |