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| Requesting Information Sharing Entity details: |
| ISE agency name: |           | ISE contact name:(if applicable) |       |
| Request date: |       | Region/Division: (if applicable) |       |
| Phone: |       | Email: |       |

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| Information request relates to: |  |

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| The subject of the request: |  | MNI: (if known) |       |
| Full name:       | DOB:  |       | Gender:  |  |
| Is the information being requested *excluded information*: |  [ ]  FVIS [ ]  CIS [ ]  No |
| Would the sharing of the information contravene another law: |  [ ]  FVIS [ ]  CIS [ ]  No |
| Family Violence Information Sharing Request (FVIS) only: |
| Is consent required to share the information in the circumstances: | [ ]  Yes [ ]  No |
| How was consent obtained (if applicable): | [ ]  In writing [ ]  Verbally [ ]  Implied |
| Child Information Sharing Request (CIS) only: |
| Why is the information about the child required: |  |
| Was the view of the child and/or their parent sought or obtained in relation to the information being disclosed: | [ ]  Yes [ ]  No |
| Was the child and/or their parent informed that the information was/would be disclosed: | [ ]  Yes [ ]  No |

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| Information requested: (if additional information required, please attach additional page) | Information shared by ISE **(Completed by responding ISE only)** |
| 1.
 | [ ]  Yes [ ]  No |
| 1.
 | [ ]  Yes [ ]  No |
| 1.
 | [ ]  Yes [ ]  No |
|  |
| To be completed by responding Information Sharing Entity use only: |
| Is the requesting ISE prescribed receive the requesting information: | [ ]  FVIS [ ]  CIS [ ]  No |
| Is any of the information excluded under any Act: | [ ]  Yes [ ]  No |
| If information was not shared, was ISE notified: | [ ]  Yes [ ]  No | Date ISE notified: |       |
| ISE agency name: |       | ISE contact name:  |       |
| Date request received: |  |  |
| Information authorised and shared by ISE employee details: |
| Employee name: |       | Position (if applicable): |       | Phone no.: |       |