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

|  |  |
| --- | --- |
| Information request relates to: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Information requested: (if additional information required, please attach additional page) | | | | | | Information shared by ISE **(Completed by responding ISE only)** | | | |
|  | | | | | | Yes  No | | | |
|  | | | | | | Yes  No | | | |
|  | | | | | | 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.: |  |