**Family Violence and Child Information Sharing Schemes (FVISS and CISS)**

**Request Form**

The Department of Health and Human Services is a prescribed Information Sharing Entity (ISE) under Part 5A of the Family Violence Protection Act 2008 and Part 6A of the Child Wellbeing and Safety Act 2005. Please complete this form to make a request for information under the Family Violence and/or Child Information Sharing Schemes.

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| **Details of requestor** |
| Request date |  | Requestor name |  |
| Name of organisation |  | Specific program area |  |
| Scheme | Choose an item. |
| Is your program a prescribed information sharing entity?  |
| Choose an item. |

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| **Purpose of information sharing request****\*\*ATTENTION**\*\*If you have concerns regarding risk or potential risk to a child or adult victim survivor, please contact Child Protection Intake or Victoria Police. Sending an information request to the Department of Health and Human Services does not constitute making a report to Child Protection. |
| I am requesting this information:  |
| **Family Violence Information Sharing Scheme (FVISS)** [ ]  for a family violence **assessment** purpose (for a Risk Assessment Entity to assess risk)[ ]  for a family violence **protection** purpose (to manage risk, including ongoing risk assessment)**Child Information Sharing Scheme (CISS)**[ ]  to make a decision, assessment, or plan relating to the wellbeing and/or safety of a child or group of children [ ]  to provide a service relating to the wellbeing and/or safety of a child or group of children[ ]  to manage risk to a child or group of children[ ]  to initiate or conduct an investigation relating to the wellbeing and/or safety of a child or group of childrenPlease tick all boxes that apply. If you are requesting under **BOTH** schemes, you must identify a relevant purpose under **EACH** scheme. |

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| **Subject of request** | Choose an item. |
| First name |  | Surname |  | Alias |  |
| Aboriginal and/or Torres Strait Islander | Choose an item. | DOB |  |
| **Family member and/or or third-party details** |
| CISS | FVISS  | First name | Surname  | DOB | Aboriginal and/or Torres Strait Islander | Information shared regarding(for office use only) |
| Choose an item. | Choose an item. |  |  |  | Choose an item. | [ ]  |
| Choose an item. | Choose an item. |  |  |  | Choose an item. | [ ]  |
| Choose an item. | Choose an item. |  |  |  | Choose an item. | [ ]  |
| Choose an item. | Choose an item. |  |  |  | Choose an item. | [ ]  |

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| What specific information are you seeking? |
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| How will this information assist you in your assessment, decision making, and/or other activities? |
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**Working collaboratively with children and family members**

The views of children, parents/family members, and/or third party **(who are not perpetrators or alleged perpetrators)** **MUST** be sought, unless inappropriate to do so.

Obtaining the views of perpetrators and alleged perpetrators is not required and may increase risk to victim survivors.

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| Considering the above, what are the views of the relevant subjects of your request? |
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| If you did not inform or seek the views of the relevant subjects of your request, which of the following reasons apply? |
| [ ]  It was not considered safe to do so.[ ]  It was not considered reasonable to do so.[ ]  It was not considered appropriate to do so.Please explain your rationale.  |

**Consent requirements under FVISS**

Consent is only required from a FVISS adult victim survivor or a FVISS adult third party where no children are involved **AND** there is no serious threat\* to life, health, safety, or welfare.

\*If you have concerns regarding serious threat/risk to a child or adult victim survivor, please contact Child Protection Intake or Victoria Police.

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| If consent is required from an adult victim survivor or adult third party, please record the consent details below. |
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 **Please email your completed form to** **info.exchange@dhhs.vic.gov.au****. Include the initials of the subject of your request in the email subject line.**

Please notify us as soon as possible if, after making a request, you no longer require the information.

# **Information Sharing Team Response Form**

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| **The following section is completed by the Information Sharing Team**  |
| The Information Sharing Team in not a client facing service and provides historical Child Protection information to prescribed information sharing entities on closed cases. There is no current Child Protection involvement, as such we do not consider it appropriate, safe, or reasonable to seek and consider the views of the child and/or relevant family members regarding the disclosure of the information. Please note that clients and their families are not always contacted when Child Protection receive a report and may not be aware of the information provided below. Please also consider if a report to Child Protection is required to manage risk to a child or children.  |

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| **Purpose of information sharing** | In response to a request under [ ]  CISS [ ]  FVISS  |
|  | Proactively shared under [ ]  CISS [ ]  FVISS |

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| **Did the information request meet scheme threshold?** | [ ]  YES [ ]  NO  |
| If **no**, please explain.  |  |
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| **Clarifying information required?** | [ ]  YES [ ]  NO |
| Date Clarifying Information Sought  |  |
| Date Clarifying Information Received |  |
| Details of Clarified Information Received |  |
| **Information shared** |
| Based on the information provided by the prescribed Information Sharing Entity, I form the belief that the information provided for the specified purpose is required for the performance of the Secretary’s responsibility to promote the prevention of abuse and neglect of children and is necessary to assist the requestor to establish and/or manage family violence and/or promote the wellbeing or safety of a child or group of children.I confirm a search of the Child Protection electronic client file system using the details provided indicates [child/ children’s name] is/are not currently known to Child Protection. A summary of relevant Child Protection information has been provided below.The information contained within this report is a summary of historical information held within a source database and may not be exhaustive, up to date, or free from errors or omissions. |
| Information authorised and shared by: The Department of Health and Human Services, Information Sharing Team |
| Name: |  | Date: |  |

## The information contained in this document is sensitive and confidential and is intended for the prescribed organisation making the request. Please consider and assess the risk to a child or adult victim survivor prior to sharing this information.