|  |
| --- |
| **REQUESTING INFORMATION SHARING ENTITY (ISE) DETAILS** |
| Agency Name: |       | Contact Name: |       |
| Region/Division: |       | Phone: |       |
| Request Date: |       | Email: |       |
|  |
| **PLEASE SELECT THE APPROPRIATE SCHEME** |
|  |
| **FAMILY VIOLENCE INFORMATION SHARING SCHEME (FVIS)** |  | **CHILD INFORMATION SHARING SCHEME (CIS)** |
| *Use the FVIS to request information to assess or manage family violence risk to adults and/or children.* | *Use the CIS to request information to promote child wellbeing/safety (when family violence* ***is not*** *believed to be present)* |
| **PURPOSE OF SHARING - ALL FIELDS ARE MANDATORY** | **PURPOSE OF SHARING - ALL FIELDS ARE MANDATORY** |
| Are you an ISE prescribed under FVIS? | [ ]  Yes | Are you an ISE prescribed under CIS? | [ ]  Yes |
| [ ]  No ***(You cannot make a request under FVIS)*** | [ ]  No ***(You cannot make a request under CIS)*** |
| Are you a Risk Assessment Entity (RAE)? | [ ]  Yes | Wellbeing Purpose: | [ ]  Make decision / assessment / plan |
| [ ]  No | [ ]  Initiate / conduct an investigation |
| Family Violence Purpose: | [ ]  Assessment *(RAE only)* | [ ]  Provide a service |
| [ ]  Protection / Management | [ ]  Manage a risk |
| Background / Context to support the requested purpose. | ***(Please provide sufficient information to assist us in establishing the required threshold for sharing is met)*** | Background / Context to support the requested purpose. Required to assist responder in forming reasonable belief that threshold for sharing is met. | ***(Please provide sufficient information to assist us in establishing the required threshold for sharing is met)*** |
|       |       |
| **SUBJECT DETAILS** | **SUBJECT DETAILS** |
| *To enable Victoria Police to share information with you, we must be able to match ID details to our database. Please provide as much information as you can:*  | *To enable Victoria Police to share information with you, we must be able to match ID details to our database. Please provide as much information as you can:* |
| Subject identified as: | **Consent not required** | Name: |       |
|  | [ ]  Alleged Perpetrator (RAEs only) | Alias: |       |
|  | [ ]  Perpetrator | D.O.B / approx. age: |       |
|  | [ ]  Adolescent who uses violence | Address: |       |
|  | [ ]  Child | Previous address/es |       |
|  | **Consent Required**  | Phone number/s: |       |
|  | [ ]  Adult Victim Survivor | Other ID details: |       |
|  | [ ]  Third Party | Names and DOBs of child / children for whose wellbeing and / or safety the information is being requested: |       |
| Name: |       |
| Alias: |       |
| D.O.B / approx. age: |       |
| Address: |       |
| Previous address/es: |       | Relationship / connection between above child / children and subject: *(i.e. grandparent, person of concern in the home)* |       |
| Phone number/s: |       |
| Other ID details: | *(Do not provide details of an Adult Victim Survivor or Third party in this section if you do not have consent. If you have consent, you must complete the consent section below.)* |
|       |
| **VICTIM SURVIVOR (AFM) DETAILS** | Were the views of the child and / or relevant family member sought before making this request for information? | [ ]  Yes |
| *Only supply details here if you require a specific Adult Victim Survivor or Third Party to be identified in the response document. If you supply details here, you must complete the consent section below. Do not**supply details of an Adult Victim Survivor if you do not have consent, or cannot meet one of the exceptions to consent.* | [ ]  No, not appropriate, safe or reasonable to do so |
|  |
| Name: |       | Was the Child and / or relevant family member informed that the child’s information will be disclosed. | [ ]  Yes |
| Alias: |       | [ ]  No, not appropriate, safe or reasonable to do so |
| D.O.B / approx. age: |       |  |
| Address: |       |  |

|  |
| --- |
| **FVIS CONSENT - ADULT VICTIM SURVIVOR OR THIRD PARTY** |
| ***Consent is required when the subject of the request is an adult victim survivor or third party or where their details have been disclosed by you or you seek to have them identified in the body of the response, unless one of the exceptions apply.*** |
| Consent obtained? | [ ]  Yes ***If Yes, how was consent obtained:*** | [ ]  Written |
|  |  |  | [ ]  Verbal |
|  |  |  | [ ]  Implied |
|  | [ ]  No ***(Exemption must apply)*** |
|  |  | ***If No****, reason consent was not obtained:*       |
| If consent is not obtained which exception applies: |
| You reasonably believe the requested information is necessary to: |  [ ]  Lessen or Prevent a serious threat to an individual’s life, health, safety or welfare |
|  [ ]  Assess/Manage risk of family violence to children |
| Were the views of the subject (or parent, if subject is a child) sought before making this request for information? | [ ]  Yes |
| [ ]  No |
|  | ***If No,*** *why not?*       |
| Was subject (or parent, if subject is a child) informed their information will be disclosed without their consent? | [ ]  Yes |
| [ ]  No  |
|  |
| **GENERAL REQUEST** |
| *Below is a list of standard categories of information that is shared by Victoria Police in summary form.**If you require something very specific that is not listed here, please complete* ***SECONDARY REQUEST section below.******Note****: Requested information must be relevant to purpose of request.* |
| **1**. [ ]  | List of all Family Violence Incidents (L17s), relevant to this request | **DEFINITIONS:****List of family violence incidents**Breakdown of all recorded family violence incidents (L17s) including date, role and familial relationship of parties.**Family Violence Safety Notice**Issued on the spot by a Victoria Police Officer placing immediate & temporary conditions on the respondent.Provides protection to the victim survivor and their property,whilst at the same time initiating an application for an intervention order. |
| **2.** [ ]  | Narratives from Family Violence Incidents (L17s), relevant to this request |
| **3.** [ ]  | Active Family Violence Safety Notice (FVSN) |
| **4.** [ ]  | Relevant active Intervention Order (IVO) and Conditions (Including Police Apps) |
| **5.** [ ]  | Relevant inactive Intervention Order (IVO) |
| **6.** [ ]  | Relevant Victorian offence history (Including IVO Breaches) |
| **7.** [ ]  | Relevant Bail Activity |
|  |
| **SECONDARY REQUEST** |
| ***Additional information request (not contained in categories 1-7 listed above)*** ***Provide rationale in the text box fields below outlining why the information you are seeking is relevant to the request.*** |
|  [ ]  | Violence: |       |
|  [ ]  | Weapons: |       |
|  [ ]  | Mental Health: |       |
|  [ ]  | Drug Alcohol: |       |
|  [ ]  | Other:  |       |
|  | If the information that you require does not fit into any of the above categories, please describe the specific information that you require: |
|  |       |
|  |
| ***Disclaimer:*** *Any information provided under this request may contain confidential information and must only be collected, used, and disclosed in accordance with the Family Violence Protection Act 2008, the Child Wellbeing and Safety Act 2005, the Privacy and Data Protection Act 2014 and/or any other relevant state or Commonwealth law. Failure to do so may result in a complaint and/or criminal penalties. Victoria Police has taken reasonable care to ensure that the information provided is correct and current at the time of disclosure. Changes in circumstances after the time of disclosure may impact the accuracy or completeness of the information. It is the responsibility of the user to ensure they are using the most up-to-date information and understand the context in which the information was first created or recorded.* |
|  |
| ***Please email completed form to:*** ***information-sharing@police.vic.gov.au*** |