



Family Violence and Child Information Sharing Request

Sensitive Information – may be Freedom of Information Exempt

(Information provided in confidence and may include matters that affect personal privacy)

Requesting ISEs are to email completed form to **foi@qec.org.au** Tick one or both:

- Family Violence Information Sharing Scheme (FVISS) request
- Child Information Sharing Scheme request (CISS) request

| Requesting Information Sharing Entity details: | | | |
|---|--|---|--|
| ISE agency name: | | ISE contact person <i>(name and job title)</i> | Name: <hr style="border-top: 1px dashed black;"/> |
| | | | Job title: |
| Request date: | | Region <i>(if applicable):</i> | |
| Phone: | | Email: | |
| Is agency also a Risk Assessment Entity (RAE) under FVISS? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | |
|--|---|---|
| Information request relates to: | <input type="checkbox"/> A family violence risk assessment purpose <input type="checkbox"/> A family violence protection purpose <input type="checkbox"/> Promoting the wellbeing or safety of a child or group of children | |
| The subject of the request: | <input type="checkbox"/> Alleged perpetrator <input type="checkbox"/> Perpetrator <input type="checkbox"/> Victim survivor- adult <input type="checkbox"/> Third party <input type="checkbox"/> Victim-survivor-child <input type="checkbox"/> Child or group of children | |
| Full name: | DOB: | Gender: |
| FVISS request only: | | |
| Is consent required to share the information in the circumstances? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How was consent obtained <i>(write 'N/A' if not applicable)</i> | | <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Implied |
| If consent was over-ridden, reason for this | | <input type="checkbox"/> Child involvement <input type="checkbox"/> Serious threat to life or safety |
| If consent is not required from a victim survivor, were their views and wishes obtained? | | <input type="checkbox"/> Yes <i>(outline within request – P.T.O.)</i> <input type="checkbox"/> No |

| CISS request only: | |
|---|---|
| Why is the information about the child required? <i>(Tick appropriate box and provide any additional supporting information in space below.)</i> | <input type="checkbox"/> To make a decision, assessment or plan <input type="checkbox"/> To initiate or conduct an investigation <input type="checkbox"/> To provide a service <input type="checkbox"/> To manage a risk |
| Were the views obtained from the child or their parent (non-perpetrator)? | <input type="checkbox"/> Yes <i>(outline within request below.)</i> <input type="checkbox"/> No <i>(outline why below)</i> |

| Information requested: (Please attach additional page if required) |
|--|
| 1. |
| 2. |
| 3. |

| Internal use only | | |
|---|--|-------|
| Response form sent: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: |
| Method of correspondence: | <input type="checkbox"/> Secure email <input type="checkbox"/> Secure post <input type="checkbox"/> Verbal | |
| QEC Information Sharing Register completed: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part 5A Family Violence Protection Act 2008
 Part 6A Child Wellbeing and Safety Act 2005