

## Family Violence and Child Information Disclosure Template

**Sensitive Information – may be Freedom of Information Exempt**  
 (Information provided in confidence and may include matters that affect personal privacy)

Please email completed form to [foi@qec.org.au](mailto:foi@qec.org.au)

### Section One: Requesting ISE to complete

Requesting Information Sharing Entity (ISE)	
ISE agency name	
ISE agency region (if applicable)	
ISE contact (name/job title)	
Phone	
Email	
Request date	
Is agency also a Risk Assessment Entity (RAE) under FVISS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Information requested relates to: (tick one or both)	<input type="checkbox"/> Family Violence Information Sharing Scheme (FVISS) request <input type="checkbox"/> Child Information Sharing Scheme request (CISS) request
Information being shared 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 information being shared:	<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 of subject:	DOB:                      Gender:
Information requested (please provide details):	

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 (if applicable)	<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 <input type="checkbox"/> No

Does the request for information meet permissible threshold for <input type="checkbox"/> CISS <input type="checkbox"/> FVISS (tick one or both)?	
Were the views obtained from the child or their parent (non-perpetrator)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Section two: QEC to complete

<b>Information disclosure: (Please attach additional page if required)</b>	
1.	
2.	
3.	

<b>Internal use only</b>	
Date disclosure sent:	
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
<input type="checkbox"/> The identity of the ISE and contact details have been verified by QEC prior to information being shared	

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