FOI EXEMPT FAMILY VIOLENCE AN **CHILD INFORMATION** SHARING REQUEST Email form to ISS@phcn.vic.g

Peninsula Health									
_	EXEMPT /IOLENCE AND	UR NUMBER							
	NFORMATION NG REQUEST	GIVEN NAMES							
_	ISS@phcn.vic.gov.au	DATE OF BIRTH Gender Please fill in if no Patient Label available App.19/6/19 Print Code:17634							
Family Violence Information Sharing Scheme (FVISS) request									
Child Information Sharing Scheme request (CISS) request									
Requesting Information Sharing Entity (ISE) details:									
ISE agency name:		-	contact name oplicable):						
Request date:		Reg (if a	ion oplicable):						
Phone:		Ema	Email:						
Is agency also a Risk Assessment Entity (RAE): Yes No									
Information reques	t relates to: A family	violence risk a	ssessment purp	ose	-				
	A family	violence prote	violence protection purpose						
	Promote	the wellbeing / safety of a child or group of children							
The subject of the	request: Alleged	perpetrator		Perpetrator					
Victim si		ırvivor - adult 🛛 🗌 Thiro		Third party	d party				
	Victim s	survivor - child		Child or grou	up of children				
Full name:			. DOB:		Gender:				
FVISS request only:									

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Phone:			Email:	:			
Is agency also a Ri	isk Assessmer	t Entity (RAE):	Yes	🗌 No	· · · · · · · · · · · · · · · · · · ·		
Information reques	t relates to:	 A family violence risk assessment purpose A family violence protection purpose Promote the wellbeing / safety of a child or group of children 					
The subject of the	request:	Victim su	erpetrator rvivor - adult rvivor - child		Perpetrator Third party Child or grou	ıp of children	
Full name:				DOB:		Gender:	
FVISS request on	ly:						
Is consent required	to share infor	mation in the c	ircumstances:	🗌 Yes			
How was consent obtained (if applicable)			Written Verbal Implied				
If consent was over-ridden, reason for this				Child involvement Serious threat to life or safety			
CISS request only	/:						
Why is the information about the child required			 To make a decision or assessment To initiate or conduct an investigation To provide a service To manage a risk 				
Information reque	ested: (Please atta	ch additional page il	^f required)				
1.							
2.							
3.							
Internal use only							
Response letter se	nt: 🗌 Ye	es 🗌 No	Date:				
Method of correspondence:		Secure email Secure post	Fax	PH Empl	-		
Part 5A Family Violence Protection Act 2008 Part 6A Child Wellbeing and Safety Act 2005					Signature:		

FAMILY VIOLENCE AND CHILD INFORMATION SHARING REQUEST

MR/010010