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INFORMATION SHARING SCHEME REQUEST **Family Violence and Child Information**

An Information Sharing Entity may use this form to request information from St. Vincent's Health under the Child Information Sharing Scheme (Part 6A of the *Child Wellbeing and Safety Act 2005*) or the Family Violence Information Sharing Scheme (Part 5A of the

Family Violence Protection Act 2008)									
INFORMATION SHARING ENTITY (ISE) REQUESTING ORGANISATION DETAILS									
ISE Organisation Name			ISE Contact Person						
Contact Person Role			Division/Area/Dept						
ISE Phone		ISE Fax							
Request Date	Request Date								
Urgency	less than 48 business hours	more than 48 bus	iness hours						
Is ISE also a prescribed Risk Assessment Entity (RAE)?	Yes, specify below □ No Child Protection □ Child FIRST services □ Risk Assessment and Management Panel (RAMP) Victims Support □ Victoria Police □ The Orange Door services Agency □ State-funded sexual assault services □ State-funded specialist family violence service (incl. refuges, Men's Behaviour Change Programs, family violence counselling and therapeutic programs)								
Purpose of request	Family violence risk assessment Family violence protection Promote the wellbeing / safety of a child or group of children								
SUBJECT OF THE REQUEST									
Family Name			Given Name/s						
Date of Birth	Date of Birth								
Address									
	Alleged perpetrator Victim survivo			Third party					
	Perpetrator Victim survivo			- child					
_	Information Sharing Scheme reques		T						
Is consent required t	o share information in the circumstance	☐ Yes ☐ No							
If yes, how was the o	consent obtained?	☐ Written ☐	Verbal Implied						
If no, reason consent not required? ☐ Child at risk ☐ Serious threat ☐ Perpetrator									
☐ Child Information Sharing Scheme request									
Why is the information	on about the child required?	decision or assessment							
Information requested									
1.									
2.									
3.									

Email completed request to: infosharing@svha.org.au