



the women's
the royal women's hospital

**Family Violence and Child Information
Sharing Request/ Proactive Share
Document**

UR number: _____
Surname: _____
Given name/s: _____
Date of birth: _____ Gender: _____
(AFFIX PATIENT LABEL)

**If you are requesting or proactively sharing information, please
forward this form to: Information Sharing Team
Email: infosharing@thewomens.org.au Phone: (03) 8345 3050**

A I am requesting information. I am proactively sharing information.

B DATE: ___/___/___

C REQUESTING / SHARING INFORMATION AGENCY

*Agency name: _____
*Contact person's name: _____ *Contact title/position: _____
*Email: _____ *Phone: _____
*Requesting / sharing entity: Risk Assessment Entity (RAE) Information Sharing Entity (ISE)

D INFORMATION SHARING REQUEST/ SHARE

***Information request/share purpose:**

Note: Please use a separate form for each relevant scheme.

1. **FVISS** (Only tick if CISS is not relevant)
 - Family violence *assessment* purpose – (RAEs only)
 - Family violence *protection* purpose
2. **CISS** (Tick all that apply)
 - Making a decision, an assessment or a plan relating to a child or group of children
 - Initiating or conducting an investigation relating to a child or group of children
 - Providing a service relating to a child or group of children
 - Managing any risk to a child or group of children
3. **Child Protection Unit Only (If neither of the above is relevant.)**
 - Children, Youth and Families Act 2005 (Vic)*
 - Section: _____
 - Written request (on official letter head) is attached: Yes No

***Subject of the request/share:**

<input type="checkbox"/> Perpetrator	<input type="checkbox"/> Alleged perpetrator
<input type="checkbox"/> Victim survivor – adult	<input type="checkbox"/> Third party
<input type="checkbox"/> Victim survivor – child (<i>under 18 years</i>)	<input type="checkbox"/> Child or group of children
<input type="checkbox"/> Adolescents who uses family violence	

Urgency: Response required by: ___/___/___ N/A
Please note that we respond to requests during regular business hours, Monday to Friday, 9 am to 5 pm. Our standard response time is five business days. If your request is urgent, please indicate. If your request is urgent, please provide information outlining the reason:

***Context:** Please outline the context of the request/ share:

What risk *relevant* information is being requested/ shared? Please provide *specific* details (the whole medical record cannot be considered specific)

E DETAILS OF PERSON INFORMATION IS ABOUT (SUBJECT DETAILS)

*Surname: _____ *Given Names: _____
Name when last attended hospital (If different to current name): _____
Address: _____ Post Code: _____
Phone: _____ Date of birth: ____/____/____
*Relationship type to the individual/family: _____ Unknown / other: _____

Any additional information that can inform the information request/ share (e.g., person's identity, context, living circumstance such as living in rural, regional and remote communities, being homeless or at risk of homelessness, etc.):

F *CONSENT (Please complete the relevant column.)

- | | |
|---|---|
| <input type="checkbox"/> Obtained Consent:
<input type="checkbox"/> Victim survivor or <input type="checkbox"/> Third party
Consent Format
<input type="checkbox"/> Written
<input type="checkbox"/> Consent is attached.
<input type="checkbox"/> Verbal – Date Obtained: ____/____/____
<input type="checkbox"/> Implied – By whom: _____ | <input type="checkbox"/> Consent is not required (tick the relevant box/es)
<input type="checkbox"/> Alleged perpetrator / perpetrator
<input type="checkbox"/> Child involvement
<input type="checkbox"/> Serious threat to life or safety
<input type="checkbox"/> Section 192, <i>Children, Youth and Families Act 2005</i>
(Vic)
<input type="checkbox"/> Other: _____ |
|---|---|

G DETAILS OF THE PERSON/PEOPLE WHO IS/ARE USING FAMILY VIOLENCE IF NOT THE SUBJECT

Surname: _____ Given Names: _____
Address: _____ Post Code: _____
Phone: _____ Date of birth: ____/____/____
*Relationship type to the individual/family: _____ Unknown / other: _____

Please provide a summary of any additional information that can inform the Women's approach to sharing the requested information in an accessible, inclusive, and culturally appropriate way:

(e.g., person's identity, context, living circumstance such as living in rural, regional and remote communities, being homeless or at risk of homelessness, etc.):

Please complete all relevant sections from A to G. Please note that section D.3 is only for Child Protection.

The mandatory fields and sections are shown with asterisk (*).



MR1046

OFFICE ONLY – THE WOMEN’S (IF RESPONDING TO A REQUEST)



the women's
the royal women's hospital

**Family Violence and Child Information
Sharing Request**

UR number: _____

Surname: _____

Given name/s: _____

Date of birth: _____ Gender: _____

(AFFIX PATIENT LABEL)

DETAILS OF RESPONDER

Department who responded to information request: _____ Response date: ____/____/____

Responder's name: _____ Title /position: _____

Phone: _____ Email: _____

SHARING DECISION GUIDE

Responder has verified that the requesting agency is an ISE a RAE.

If not an ISE nor a RAE, you cannot proceed to share information under the CISS or FVISS.

If information is requested under FVISS, does the purpose of the request meets the nature of the entity (ISE for 'Family Violence Protection' and RAE for 'Family Violence Assessment' purpose)?

Yes No

Is the requested information excluded?

A full list is available in both the Family Violence Information Sharing Guidelines (p.31) and the Child Information Sharing Ministerial Guidelines (p.11). Please refer to Appendix A.

Yes No

Has the consent threshold being met? Yes No

Do you have a reasonable belief that this information is relevant and necessary for the identified purpose under FVISS or CISS? Yes No

If not, please provide information outlining the reasons.

Was consulting with Legal Counsel required? Yes No

If yes, please provide the date and the reason:

Date: ____/____/____

Consultation reason: _____

INFORMATION REQUESTED and SHARED (Please attach additional page if required)

What information is being requested?

What information is being shared?

Name: _____ Signature: _____ Date: ____/____/____

ACTION POINTS

On receiving request

Record request on FVISS/CISS Tracking Sheet Yes

Date: ____/____/____

After request is finalised	Yes	No	N/A
Store request form in relevant client file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the response template	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store response in relevant client file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete information on FVISS / CISS Tracking sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent the response <u>in writing</u> to the requesting agency if not shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Method of correspondence:	<input type="checkbox"/> Secure email	<input type="checkbox"/> Fax	
	<input type="checkbox"/> Secure post	<input type="checkbox"/> Verbal	
Was all the requested information shared? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'No' select reason/s	<input type="checkbox"/> Did not form a reasonable belief that the information requested is necessary for a family violence protection purpose <input type="checkbox"/> Request contains excluded information <input type="checkbox"/> Consent has not been provided <input type="checkbox"/> There is not a reasonable belief of a serious threat to a person's life, health or safety <input type="checkbox"/> Other please specify: _____		

Appendix A:

SOURCE: 'Threshold part 3: Excluded information ([Child Information Sharing Ministerial Guidelines](#) p.16).

<p>'Excluded information' is information that cannot be collected, used or disclosed under the Child Information Sharing Scheme, as set out in Section 41Q of the <i>Child Wellbeing and Safety Act</i>.</p> <p>Excluded information is any information that, if shared, could be reasonably expected to do the following:</p> <p>a. Endanger a person's life or result in physical injury – this includes the child, their family or any other person. For example, if sharing the location of a child could be reasonably expected to pose a threat to the life or physical safety of the child or another person, this information should not be shared.</p> <p>b. Prejudice the investigation of a breach or possible breach of the law or prejudice the enforcement or proper administration of the law – including police investigations. For example, any information that could unfairly influence or reveal details of a police investigation or Commission for Children and Young People investigation.</p> <p>c. Prejudice a coronial inquest or inquiry. For example, information that could unduly influence a witness expected to give evidence before a coronial inquest.</p> <p>d. Prejudice the fair trial of a person or the impartial adjudication of a particular case. For example, if the information would unfairly influence the outcome of a proceeding.</p> <p>e. Disclose the contents of a document, or a communication, that is of such a nature that the contents of the document, or the communication, would be privileged from production in legal proceedings on the ground of legal professional privilege or client legal privilege. For example, if the information is legally privileged.</p>	<p>f. Disclose or enable a person to ascertain the identity of a confidential source of information in relation to the enforcement or administration of the law. For example, if that information could reveal or be used to reveal the name of a person who has confidentially provided information to police.</p> <p>g. Contravene a court order or a provision made by or under the <i>Child Wellbeing and Safety Act</i> or any other Act that:</p> <ul style="list-style-type: none"> • prohibits or restricts, or authorises a court or tribunal to prohibit or restrict, the publication or other disclosure of information for or in connection with any proceeding or • requires or authorises a court or tribunal to close any proceeding to the public. For example, if information is part of a closed court proceeding. <p>h. Be contrary to the public interest. For example, revealing information about covert investigative techniques.</p> <p>Information sharing entities are not required to conduct investigations to determine that information is not 'excluded information' before sharing it. Rather, if they are aware that information falls within an excluded category then they are not permitted to share that information. For example, a disclosing entity does not have to investigate whether there are any open or planned legal proceedings that might be prejudiced by disclosing requested information that meets parts one and two of the threshold for sharing, but if the entity is aware of open proceedings that they reasonably expect could be prejudiced by the disclosure of the information, then they must not disclose that particular information.</p> <p>Information sharing entities cannot share information known to be restricted under another law (see Chapter 4).</p>
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