

## INFORMATION SHARING SCHEME REQUEST Family Violence and Child Information

An Information Sharing Entity may use this form to request information from Alfred 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		Email	
Urgency	<input type="checkbox"/> less than 48 business hours <input type="checkbox"/> more than 48 business hours		
Is ISE also a prescribed Risk Assessment Entity (RAE)?	<input type="checkbox"/> Yes, specify below <input type="checkbox"/> No <input type="checkbox"/> Child Protection <input type="checkbox"/> Child FIRST services <input type="checkbox"/> Risk Assessment and Management Panel (RAMP) <input type="checkbox"/> Victims Support Agency <input type="checkbox"/> Victoria Police <input type="checkbox"/> The Orange Door services <input type="checkbox"/> State-funded sexual assault services <input type="checkbox"/> State-funded specialist family violence service (incl. refuges, Men's Behaviour Change Programs, family violence counselling and therapeutic programs)		
Purpose of request	<input type="checkbox"/> Family violence risk assessment <input type="checkbox"/> Family violence protection <input type="checkbox"/> Promote the wellbeing / safety of a child or group of children		
SUBJECT OF THE REQUEST			
Family Name		Given Name/s	
Date of Birth		Gender	
Address			
	<input type="checkbox"/> Alleged perpetrator <input type="checkbox"/> Victim survivor – adult <input type="checkbox"/> Third party <input type="checkbox"/> Perpetrator <input type="checkbox"/> Victim survivor - child <input type="checkbox"/> Child or group of children		
<input type="checkbox"/> <b>Family Violence Information Sharing Scheme request</b>			
Is consent required to share information in the circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how was the consent obtained?	<input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Implied		
If no, reason consent not required?	<input type="checkbox"/> Child at risk <input type="checkbox"/> Serious threat <input type="checkbox"/> Perpetrator		
<input type="checkbox"/> <b>Child Information Sharing Scheme request</b>			
Why is the information about the child required?	<input type="checkbox"/> To make a decision or assessment <input type="checkbox"/> To provide a service <input type="checkbox"/> To initiate or conduct an investigation <input type="checkbox"/> To manage a risk		
Information requested			
1.			
2.			
3.			

Email completed request to [infosharing@alfred.org.au](mailto:infosharing@alfred.org.au)