

<b>Dhelkaya Health</b>  <b>FAMILY VIOLENCE AND CHILD INFORMATION SHARING</b>  Email: medrec@castlemainehealth.org.au		UR No ..... DOB .....  Surname .....  Given Names .....  <b>or AFFIX PATIENT LABEL HERE</b>	
<input type="checkbox"/> Proactive release of information by DH staff member    OR <input type="checkbox"/> Request for information			
<input type="checkbox"/> Family Violence Information Sharing Scheme (FVISS)    OR <input type="checkbox"/> Child Information Sharing Scheme (CISS)			
Information Sharing Entity (ISE) details:			
ISE Agency Name:		ISE Contact Name: <i>(if applicable)</i>	
Release date:		Region: <i>(if applicable)</i>	
Phone:		Email:	
Is agency also a Risk Assessment Entity (RAE): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Information relates to:	<input type="checkbox"/> A family violence risk assessment purpose <input type="checkbox"/> A family violence protection purpose <input type="checkbox"/> Promote the wellbeing / safety of a child or group of children		
The subject of information:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Alleged Perpetrator  <input type="checkbox"/> Victim Survivor – Adult  <input type="checkbox"/> Victim – Child                             </div> <div> <input type="checkbox"/> Perpetrator  <input type="checkbox"/> Third Party  <input type="checkbox"/> Child / Group of Children                             </div> </div>		
Full Name:	DOB:	Gender:	
<b>FVSS only:</b>			
Is consent required to share information in the circumstances:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If consent was over-riden, reason for this:	<input type="checkbox"/> Child involvement <input type="checkbox"/> Serious threat to life or safety		
How was consent obtained (if applicable):	<input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Implied		
<b>CISS only:</b>			
Why is the information about the child required:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> To make a decision or assessment  <input type="checkbox"/> To initiate or conduct an investigation                             </div> <div> <input type="checkbox"/> To provide a service  <input type="checkbox"/> To manage a risk                             </div> </div>		
<b>Information Requested / Released: (please attach additional page if required)</b>			
1			
2			
3			
<input type="checkbox"/> Information not released    Reason:			
<b>Internal Use Only:</b>			
Method of correspondence:	<input type="checkbox"/> Secure email <input type="checkbox"/> Secure post <input type="checkbox"/> Fax <input type="checkbox"/> Verbal		
Dhelkaya Health Employee Name: <i>(print)</i>			
Signature:		Date:	
Position:		Department:	
Part 5A Family Violence Protection Act 2008		Part 6A Child Wellbeing and Safety Act 2005	
<i>Freedom of Information Exempt Document</i> <i>Information provided in confidence and may include matters that affect personal privacy</i>			