

Title:	Information Sharing Request
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Section A: Completion by Requesting/ Sharing Organisation

Health Service	Relevant ISS	Type
<input type="checkbox"/> Kilmore District Health	<input type="checkbox"/> FVISS <input type="checkbox"/> CISS <input type="checkbox"/> Both	<input type="checkbox"/> External service request for information from KDH. <input type="checkbox"/> External service voluntarily sharing information with KDH. <input type="checkbox"/> KDH requesting for information from ISE/RAE. <input type="checkbox"/> KDH voluntarily sharing information with another ISE/RAE.

Date of Request:	
Name of Organisation:	
Type of Organisation:	
Full name of Contact Person:	
Email Address:	Contact Phone:

Who are you requesting/ sharing information about?

Given Name(s):	
Surname:	
Date of Birth:	

Is the person you are requesting/ sharing information about:

<input type="checkbox"/> A perpetrator	<input type="checkbox"/> An alleged perpetrator (RAE assessment only)
<input type="checkbox"/> A child victim survivor (under 18 yrs)	<input type="checkbox"/> An adult victim survivor
<input type="checkbox"/> A third party	

If requesting/ sharing information about an adult victim survivor or third party:

<input type="checkbox"/> Verbal consent obtained	<input type="checkbox"/> Written consent obtained and a copy attached
<input type="checkbox"/> Consent was not required – serious threat	<input type="checkbox"/> Consent not required – child at risk
<input type="checkbox"/> Implied consent	

If requesting/ sharing information about a child, where views of the child and/or their parent (who is not an alleged perpetrator or a perpetrator) sought?

Yes
 No

If no, explain why:

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Why are you seeking/ sharing this information?

Family violence **protection purpose**

Family violence **assessment purpose** (RAE only)

Requests relating to a child or group of children (choose all that apply below):

Making a decision, assessment or plan

Managing a risk

An investigation

Providing a service

What information are you requesting/ sharing?

By lodging this request, I declare;

- I am authorised to request / share information on behalf of a prescribed ISE or RAE
- All necessary consents have been obtained in accordance with the *Family Violence Act 2008* (Family violence information sharing scheme) and *Child Wellbeing and Safety Act 2005* (Child information Sharing Scheme).
- To the best of my knowledge, the information requested / shared above is not excluded under the *Family Violence Act 2008* (Family violence information sharing scheme) and *Child Wellbeing and Safety Act 2005* (Child information Sharing Scheme) and is not restricted from sharing by another law.

Kilmore District Health Information Sharing Scheme Authorised Staff Member:

Name:	
Signature:	
Contact Number:	

External Organisations please email this form to: KDHFreedomofInformation@kilmorehealth.org.au

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Section B: For Completion by Kilmore District Health only

**Sensitive information may be Freedom of Information Exempt.
(Information provided in confidence and may include matters that affect personal privacy)**

Name of Health Service:		
Name of staff member responding to request:		
Department:		
Contact details:	Phone:	
	Email:	

Provide a **summary** of the information disclosed in response to assessment, protection or promoting child safety or well-being of a child or a group of children purposes.

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Was any information withheld/ not disclosed?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, 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.

If the information is about a child, did you seek the views of the child and/ or family member?

<input type="checkbox"/> Yes	Date views were sought: <input style="width: 150px;" type="text"/>
	Who did you speak to? Provide a summary of the conversation:
<input type="checkbox"/> No	Provide reason(s) why:

Have you obtained consent from the victim/ survivor, third party or children?

<input type="checkbox"/> Yes	Name/s: <input style="width: 150px;" type="text"/>
	Date: <input style="width: 150px;" type="text"/>
	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Implied
<input type="checkbox"/> No	Provide reason(s) why: