



Family Violence and Child Information Disclosure Template

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

Section One: Requesting ISE to complete

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| Requesting Information Sharing Entity (ISE) | |
| ISE agency name | |
| ISE agency region (if applicable) | |
| ISE contact (name/job title) | |
| Phone | |
| Email | |
| Request date | |
| Is agency also a Risk Assessment Entity (RAE) under FVISS? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Information requested relates to: (tick one or both) | <input type="checkbox"/> Family Violence Information Sharing Scheme (FVISS) request <input type="checkbox"/> Child Information Sharing Scheme request (CISS) request |
| Information being shared relates to: | <input type="checkbox"/> A family violence risk assessment purpose <input type="checkbox"/> A family violence protection purpose <input type="checkbox"/> Promoting the wellbeing or safety of a child or group of children |
| The subject of the information being shared: | <input type="checkbox"/> Alleged perpetrator <input type="checkbox"/> Perpetrator <input type="checkbox"/> Victim survivor- adult <input type="checkbox"/> Third party <input type="checkbox"/> Victim-survivor-child <input type="checkbox"/> Child or group of children |
| Full name of subject: Gender: | DOB: |

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| FVISS request only: | |
| Is consent required to share the information in the circumstances? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How was consent obtained (<i>if applicable</i>) | <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Implied |
| If consent was over-ridden, reason for this | <input type="checkbox"/> Child involvement <input type="checkbox"/> Serious threat to life or safety |
| If consent is not required from a victim survivor, were their views and wishes obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Does the request for information meet permissible threshold for | <input type="checkbox"/> CISS <input type="checkbox"/> FVISS (tick one or both)? |
| Were the views obtained from the child or their parent (non-perpetrator)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Section two: QEC to complete

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| Information disclosure: (Please attach additional page if required) | |
| 1. | |
| 2. | |
| 3. | |

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| Internal use only | |
| Date disclosure sent: | |
| Method of correspondence: | <input type="checkbox"/> Secure email <input type="checkbox"/> Secure post <input type="checkbox"/> Verbal |
| QEC Information Sharing Register completed: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <input type="checkbox"/> The identity of the ISE and contact details have been verified by QEC prior to information being shared |
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Part 5A Family Violence Protection Act 2008
Part 6A Child Wellbeing and Safety Act 2005