



FAMILY VIOLENCE AND CHILD INFORMATION SHARING

External: Email form to ISS@bendigohealth.org.au
Internal: Send to HIS for scanning

Surname _____ UR No: _____
Given Names _____
DOB _____ Sex _____
Admission Date _____
Consultant _____ Ward _____

USE LABEL IF AVAILABLE

- Proactive Release of Information by BH staff member OR Request for information
- Family Violence Information Sharing Scheme (FVISS) OR 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): Yes No

Information relates to:

- A family violence risk assessment purpose
- A family violence protection purpose
- Promote the wellbeing/ safety of a child or group of children

The subject/s of information:

- Alleged perpetrator Victim Survivor - Child Third party
- Victim Survivor - Adult Perpetrator Child/group of children

Full Name:	DOB:	Sex:
Full Name:	DOB:	Sex:
Full Name:	DOB:	Sex:
Full Name:	DOB:	Sex:
Full Name:	DOB:	Sex:

FVISS only:

Is consent required to share information in the circumstances: Yes No

How was consent obtained (if applicable): Written Verbal Implied

If consent was over-riden, reason for this: Child involvement Serious threat to life or safety

CISS only:

Why is the information about the child required:

To make a decision or assessment To provide a service

To initiate or conduct an investigation To manage a risk

Information Requested / Released: *(Please attach additional page if required)*

1. See Clinical Note dated/...../.....
- 2.
- 3.

Internal Use Only – Request ID: _____

Response letter sent: Yes No Date:/...../.....

Method of Correspondence: Secure email Fax Secure post Verbal

BH Employee
Name (print):
Position:
Department:
Signature:

Part 5A Family Violence Protection Act 2008
Part 6A Child Wellbeing and Safety Act 2005



FBH 500 010

FAMILY VIOLENCE AND CHILD INFORMATION SHARING

MR 231