



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

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

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:

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

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

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

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

<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