



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

Full Name: DOB: Gender:

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 initiate or conduct an investigation
 - To provide a service
 - To manage a risk

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

- See Clinical Note dated/...../.....
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Internal Use Only

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

Method of Correspondence: <input type="checkbox"/> Secure email <input type="checkbox"/> Fax	BH Employee Name (print): Position: Department: Signature:
<input type="checkbox"/> Secure post <input type="checkbox"/> Verbal	
Part 5A Family Violence Protection Act 2008 Part 6A Child Wellbeing and Safety Act 2005	



FBH 500 010

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MR 231